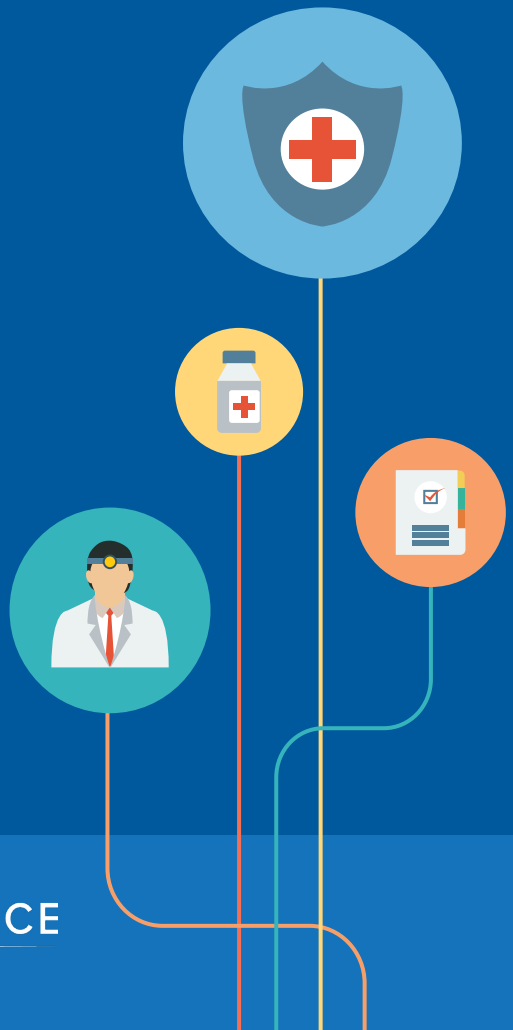


Medicare Decoded:

A Clear Guide for
People Turning 65

By Steve Germain





Welcome to Your Medicare Journey

Turning 65 is more than just a birthday—it marks an important chapter in life, and for many, an introduction to Medicare.

This guide was created to walk alongside you as you begin exploring your coverage options. Inside, you'll find real-world examples, easy-to-follow explanations, and helpful insights to support you every step of the way.

Our goal is simple: to help you feel more informed and prepared as you move forward.



Simple, straightforward,
and created to help you
understand how Medicare
works—so you can make
informed decisions with
confidence.

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I. Medicare Fundamentals

Understanding Medicare: What It Is and Why It Matters

Medicare is a federal health insurance program that begins at age 65, or earlier for some with certain conditions. It helps cover hospital, doctor, and preventive care. Medicare is individual coverage—it doesn't automatically include your spouse or dependents, even if they're the same age.

The 4 Essential Parts of Medicare



Part A – Hospital Insurance

Covers inpatient hospital stays, skilled nursing facility care, certain home health services, and hospice care. It helps pay for medically necessary services during a hospital or facility stay.



Part B – Medical Insurance

Covers outpatient services, including doctor visits, preventive care, lab tests, and medical supplies. Helps pay for medically necessary services received outside of a hospital.



Part C – Medicare Advantage

Medicare Advantage is a bundled plan offered by Medicare-approved private insurers that includes Parts A and B, and usually Part D. Some plans may also include extra benefits like dental, vision, and hearing.



Part D – Prescription Drug Coverage

Helps pay for prescription drugs. Coverage varies by plan, and costs may differ based on your medications and pharmacy choice.

Medigap: How It Complements Original Medicare

Original Medicare doesn't cover every cost. Medigap policies may help pay some out-of-pocket expenses like deductibles, coinsurance, and copays.



Quick Tip:

Plans such as G and N offer different levels of coverage. Benefits and costs vary by plan, so it's important to compare your options carefully.

II. In-Depth Medicare Coverage Details

Medicare Part A, B, D, and Medigap



Medicare Part A: Hospital Insurance

Inpatient Hospital Care

Medicare Part A helps cover your hospital stay—including room, meals, general nursing, and services received during treatment—for up to 90 days per benefit period, plus 60 lifetime reserve days. Psychiatric hospital stays are limited to 190 lifetime days.

Skilled Nursing Facility (SNF) Care

After a qualifying 3-day hospital stay, Medicare Part A helps cover up to 100 days in a skilled nursing facility. The first 20 days are covered in full; daily copays apply starting on day 21.

Home Health Care

Medicare may help cover intermittent skilled nursing care, physical therapy, or other services at home if medically necessary and ordered by your doctor. Coverage depends on your condition and care plan.

Hospice Care

Medicare Part A helps cover hospice care if your doctor certifies you're terminally ill and you choose comfort care instead of treatment to cure your illness.

Cost Considerations

PREMIUMS

Most people qualify for premium-free Part A if they or their spouse worked and paid Medicare taxes for at least 10 years. In 2026, the monthly premium can be as high as \$565.

OUT-OF-POCKET COSTS

Deductible: In 2026, the Part A deductible is \$1,736 per benefit period.

Daily Coinsurance:

- Inpatient stays: \$434 per day for days 61–90, and \$868 per day for days 91–150 (lifetime reserve days).
- SNF: \$217 per day from days 21–100.



Key Takeaway:

Medicare Part A helps cover major hospital costs—but it doesn't pay for everything. That's why many people explore additional coverage, like a Medicare Supplement or Advantage plan, to help reduce their out-of-pocket expenses.



Medicare Part B: Medical Insurance

Medicare Part B helps cover outpatient services and preventive care.

Annual Deductible

\$283 per year in 2026 before cost-sharing begins.

Coinsurance

After the deductible, Part B covers 80% of approved costs, leaving you with 20%—with no cap on these expenses.

No Out-of-Pocket Maximum

Because Medicare Parts A and B don't include an out-of-pocket maximum, some individuals explore additional coverage—such as a Medicare Supplement or Medicare Advantage plan—to help manage unexpected expenses.



Medicare Part D: Prescription Drug Coverage

Medicare Part D provides coverage for many prescription medications through private insurance plans approved by Medicare.



Part D Cost Cap Starting in 2026:

Starting in 2026, your out-of-pocket costs for prescription drugs are capped at \$2,100—thanks to a powerful change introduced under the Inflation Reduction Act of 2022. This cap covers deductibles, copays, and coinsurance (but not premiums), ensuring you never face endless bills for essential medications.

How It Works

ANNUAL DRUG COST CAP

Starting in 2026, once your out-of-pocket drug costs reach \$2,100 in a calendar year, you won't pay anything more for covered prescriptions for the rest of that year.

UPDATED PART D COVERAGE PHASES

Starting in 2025, Medicare Part D will follow three defined coverage phases.

1. Deductible Phase:

In this first stage, you pay the full cost of your prescriptions until you reach your plan's deductible—up to \$615 in 2026. Some plans may waive the deductible for certain low-cost medications.

2. Initial Coverage Phase:

After meeting your deductible, you'll pay a set copay or coinsurance based on the drug's tier until your total drug costs reach the plan's coverage limit.

3. Catastrophic Coverage:

Once your out-of-pocket costs reach \$2,100 in 2026, you won't pay anything more for covered prescriptions for the rest of the calendar year.

FLEXIBLE PAYMENT OPTIONS

Starting in 2025, the Medicare Prescription Payment Plan lets you pay your out-of-pocket drug costs over the year in monthly installments—without interest or added fees.

Why It Matters

FINANCIAL SECURITY

Starting in 2026, Medicare Part D includes a \$2,100 annual cap on out-of-pocket costs for covered prescriptions. This limit may help lower drug expenses for individuals who take high-cost medications.

SIMPLICITY & CLARITY

As of 2025, the former “donut hole” has been replaced with a simplified three-phase system, each with clearly defined cost-sharing rules for prescription drug coverage.

ADDITIONAL BENEFITS

Some Medicare drug plans include a \$35 monthly cap on covered insulin and \$0 cost-sharing for recommended vaccines. These benefits vary by plan and may not be available in all areas.

Take Charge of Your Health Costs

The 2026 updates to Medicare Part D are designed to improve access to prescription drugs and make out-of-pocket costs more predictable. These changes may help individuals better plan for and manage their annual drug expenses.

Medigap Plans for New Beneficiaries: Choosing Between Plan G and Plan N

Medigap policies may help cover certain out-of-pocket costs that Original Medicare doesn't pay—such as deductibles, coinsurance, and copayments.

PLAN G:

Plan G helps cover most out-of-pocket costs not paid by Original Medicare, excluding the Part B deductible (\$283 in 2026). It's often selected by new enrollees who want broad supplemental coverage.

PLAN N:

Plan N helps pay for many out-of-pocket costs not covered by Original Medicare, with modest copayments for doctor and emergency room visits. It doesn't cover the Part B deductible or excess charges and may appeal to those seeking lower premiums in exchange for cost-sharing.

Medigap Plan Comparison Chart 2026



Medicare Supplement Plan Benefits	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G*	Plan K	Plan L	Plan M	Plan N	
Part A coinsurance and Hospital Costs Up to an additional 365 days after Medicare benefits are used up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Part B Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	***	
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%	
Part A Hospice Care Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%	
Skilled Nursing Facility Care Conisurance	X	X	100%	100%	100%	100%	50%	75%	100%	100%	
Part A Deductible	X	100%	100%	100%	100%	100%	50%	75%	50%	100%	
Part B Deductible	X	X	100%	X	100%	X	X	X	X	X	
Part B Excess Charge	X	X	X	X	100%	100%	X	X	X	X	
Foreign Travel Exchange (up to plan limits)	X	X	80%	80%	80%	80%	X	X	80%	80%	
Call our Medicare Agents for a FREE Medigap quote in your area							954-281-5622	**Out-of-Pocket Limit:			
								\$8,000 (2026)	\$4,000 (2026)		

Note:
Plans C and F aren't available to people who became eligible for Medicare on or after January 1, 2020. They may also be unavailable to individuals under 65. If you were eligible for Medicare before 2020 but not yet enrolled, you might still qualify.

*High-deductible versions of Plans F and G are available in some states.

**Plans K and L pay a portion of approved costs until you reach the yearly out-of-pocket limit. After that, they pay 100% of approved services. These plans don't cover the Part B deductible.

***Plan N covers most Part B costs, with up to a \$20 copay for office visits and up to \$50 for ER visits (if not admitted). It doesn't cover the Part B deductible or excess charges.

III. Enrollment Explained

Your Step-by-Step Guide

Timing Is Everything: Your Enrollment Windows

Knowing when to enroll can help you avoid late penalties and make informed, timely Medicare decisions.

For Those Turning 65

Understanding when to enroll helps you avoid penalties and get your Medicare coverage started on time.

INITIAL ENROLLMENT PERIOD (IEP)

Your IEP is a 7-month window starting 3 months before you turn 65 and ending 3 months after.

EXCEPTION: If born on the 1st, coverage and IEP start one month earlier.

EXAMPLE: If your birthday is June 1, your IEP runs from February to August, and coverage starts May 1.

HOW TO ENROLL

Automatic Enrollment

If you're already receiving Social Security or Railroad Retirement Board benefits before turning 65, you will usually be enrolled automatically in Medicare Parts A and B.

Self-Enrollment

If you're not receiving Social Security benefits, you can apply for Medicare by visiting ssa.gov/medicare, calling **1-800-772-1213** (TTY: **1-800-325-0778**), or by visiting your local Social Security office.

For Individuals Under 65 with a Disability

WHEN TO ENROLL

If you're under 65 and receiving Social Security disability benefits, you're generally eligible for Medicare starting in your 25th month of benefits. You'll have a 7-month enrollment window—beginning 3 months before your 25th month, including that month, and ending 3 months after.

SPECIAL CASES

Individuals with ALS are automatically enrolled in Medicare the same month their Social Security disability benefits begin. Those with End-Stage Renal Disease (ESRD) may qualify for Medicare based on their need for dialysis or a kidney transplant.

WHY IT MATTERS

Enrolling during your Initial Enrollment Period (IEP) means your Medicare coverage generally begins the month after you sign up. It also helps you avoid late enrollment penalties—especially for Part B—and limits the risk of delayed or more costly coverage later.

Navigating Medicare Enrollment

Understanding your Medicare enrollment options and timelines can help you avoid delays or penalties—and make informed choices about your coverage.

Enrollment Periods: When to Enroll & Make Changes in Medicare

No Medical Underwriting

During your 6-month Medigap Open Enrollment Period, you can enroll in any plan available in your state without medical underwriting—regardless of your health status.

Medigap Enrollment Window

Enroll in any Medigap plan available in your state—without medical underwriting—during this 6-month period.

Why Timing Matters

Apply during your Medigap Open Enrollment Period to avoid underwriting and enroll in any available plan offered in your state.

Medigap Open Enrollment Period

Your Medigap window is 6 months, starting when you're 65 and enrolled in Part B.

EXCEPTION: If born on the 1st, coverage and your Medigap period start one month earlier.

EXAMPLE: If your birthday is July 1, your coverage and Medigap period start June 1.

After Your Enrollment Window

Once your Medigap Open Enrollment Period ends, you may be subject to medical underwriting or denied coverage unless you qualify for a guaranteed issue right.

If you're under 65 and have Medicare due to a disability, Medigap availability and protections vary by state.

For detailed information on Medicare enrollment periods, visit [Medicare.gov](https://www.Medicare.gov). Knowing your timeline can help you avoid penalties and make informed decisions about your coverage.

Open Enrollment Period (OEP):

Medicare Advantage Open Enrollment Period (MA-OEP): January 1–March 31. During this period, you can make a one-time change: switch to a different Medicare Advantage plan or return to Original Medicare.

Annual Election Period (AEP):

Annual Election Period (AEP): October 15–December 7
During this window, you may enroll in, switch, or drop a Medicare Advantage or Part D prescription drug plan. Any changes you make will take effect on January 1.

Note: Plan details are available for review starting October 1.

Underwriting & Guaranteed Issue:

Outside your Medigap Open Enrollment Period, you may be subject to medical underwriting. Guaranteed Issue rights may allow you to enroll in certain Medigap plans without medical underwriting if you qualify under specific circumstances.

Special Enrollment Period (SEP):

Special Enrollment Periods (SEPs) may be available after certain life events—such as moving or losing coverage—and may allow you to change your Medicare Advantage or Part D plan.

General Enrollment Period (GEP):

The General Enrollment Period runs from January 1 to March 31. If you missed your Initial Enrollment Period, this is your opportunity to sign up for Medicare Part A and/or Part B. Late enrollment in Part B may result in a lifetime penalty.

IV. Common Pitfalls and How to Avoid Them

What You Need to Know

1 MISSING ENROLLMENT DEADLINES

Why It Matters

Missing your Medicare enrollment period may result in late penalties and delays in when your coverage begins.

How to Avoid It

If you're eligible, enroll during your Initial Enrollment Period (IEP)—either through automatic enrollment or by applying online, by phone, or in person.

2 MISSING THE MEDIGAP OPEN ENROLLMENT WINDOW

Why It Matters

Medigap policies may help cover deductibles, copayments, and coinsurance that are not paid by Medicare Parts A and B.

How to Avoid It

Apply during your 6-month Medigap Open Enrollment Period, when you're not subject to medical underwriting regardless of your health status.

3 ENROLLING IN MEDICARE PART B TOO EARLY

Why It Matters

If you're still covered by creditable employer insurance, enrolling in Part B may result in paying premiums for benefits you might not currently use.

How to Avoid It

If you have qualifying employer coverage and plan to keep working, you may choose to delay enrolling in Part B without penalty.

4 OVERLOOKING THE LOW-INCOME SUBSIDY (EXTRA HELP)

Why It Matters

Extra Help is a federal program that may reduce your prescription drug premiums, deductibles, and copayments

How to Avoid It

If you have limited income and resources, contact Social Security or visit [Medicare.gov](https://www.Medicare.gov) to learn whether you qualify for additional financial assistance.

5 CONFUSING MEDICARE ADVANTAGE WITH MEDIGAP

Why It Matters

Medicare Advantage and Medigap serve different roles. Medicare Advantage plans may offer extra benefits, such as dental or vision, and often include prescription drug coverage. Medigap policies help cover certain out-of-pocket costs not paid by Original Medicare, like deductibles and coinsurance.

How to Avoid It

Consider how each option aligns with your medical needs and budget to determine which coverage best suits your situation.

6 NOT ADDRESSING COVERAGE GAPS

Why It Matters

Costs such as deductibles, copayments, and coinsurance that aren't covered by Medicare may lead to additional out-of-pocket expenses.

How to Avoid It

Optional coverage such as hospital indemnity, long-term care insurance, or cancer policies from private insurers may help with out-of-pocket expenses not covered by Medicare.

7 FAILING TO REVIEW YOUR MEDICARE DRUG PLAN ANNUALLY

Why It Matters

Formularies, premiums, and pharmacy networks may change each year—just as your prescription needs may also change over time.

How to Avoid It

Review your current Part D plan during the Annual Enrollment Period (October 15–December 7) to see if it continues to align with your prescription needs and budget.



Quick Tip:

Staying informed and reviewing your coverage annually may help you avoid unexpected costs and determine whether your current plan continues to meet your healthcare needs.

V. Understanding Medicare Advantage (Part C) Coverage Options Explained



Medicare Part C: Medicare Advantage

Medicare Advantage plans combine hospital (Part A) and medical (Part B) coverage—and often include prescription drug coverage (Part D)—into one plan with a yearly limit on out-of-pocket costs for covered services.

What's in It for You

COST CONTROL

Medicare Advantage plans have a yearly limit on out-of-pocket costs for Medicare-covered services.

SIMPLICITY:

Medicare Advantage plans combine hospital (Part A), medical (Part B), and often prescription drug coverage (Part D) into a single plan.

EXTRA BENEFITS:

Some Medicare Advantage plans may include additional benefits like dental, vision, and hearing. Availability and costs vary by plan and service area.

Choosing the Right Plan

PPO PLANS:

PPO plans provide access to a network of preferred providers and allow visits to out-of-network doctors, usually at a higher cost.

HMO PLANS:

HMO plans generally require you to choose a primary care provider and get referrals to see specialists. Some plans may offer extra benefits, such as transportation or over-the-counter allowances. Availability and costs vary by plan and service area.



The Bottom Line:

Medicare Advantage provides an alternative to Original Medicare, combining Part A and Part B—and often prescription drug coverage—into one plan. It's important to compare available options to determine which plan may best fit your needs.

VI. Supplemental Coverage Options

Critical Illness & Lump-Sum Cancer Protection

MANAGING NON-MEDICAL COSTS OF CANCER

While Medicare covers many medical expenses, a cancer diagnosis may result in additional non-medical costs—such as transportation, caregiving, or home modifications. Some private insurers offer optional lump-sum policies that may provide financial support for these types of expenses.

MEDICARE ADVANTAGE CONSIDERATIONS

Coinsurance on Treatments

Some Medicare Advantage plans may include 20% coinsurance for treatments such as chemotherapy or radiation, until you reach the plan's annual out-of-pocket maximum—which can vary by plan and may range from \$4,000 to \$9,250.

Lump-Sum Benefit Consideration

Some individuals choose optional lump-sum cancer or critical illness coverage from private insurers to help with expenses not covered by Medicare. These benefits are not part of Medicare and may be used to help pay for a variety of non-medical or out-of-pocket costs.

DRUG COVERAGE GAPS

High-Cost Medications

Some cancer treatments may involve specialty drugs placed in higher cost tiers under Part D, which can lead to significant cost-sharing—particularly before reaching the \$2,100 annual out-of-pocket cap beginning in 2026.

Optional Financial Coverage

Optional lump-sum policies from private insurers—typically ranging from \$10,000 to \$50,000—may help pay for certain expenses not covered by Medicare. These policies are not part of Medicare.



Key Takeaway:

A lump-sum cancer plan is optional coverage offered by private insurers. It may help with non-medical expenses not covered by Medicare, such as transportation or lodging, during cancer treatment.

Hospital Indemnity Plans

Hospital indemnity plans are optional insurance products offered by private insurers. They pay a fixed daily cash benefit during covered hospital stays, which may be used to help with expenses such as copays, deductibles, or other non-covered costs.

Dental, Vision, and Hearing Coverage

Because Original Medicare doesn't typically cover dental, vision, or hearing services, some individuals choose optional standalone plans from private insurers to help manage related out-of-pocket costs.



Supplemental Coverage Tip:

Some individuals choose to add optional coverage—such as dental, vision, or hospital indemnity—to help manage expenses Medicare doesn't cover. These plans are offered by private insurers and vary by availability and cost.

Additional Resources

The following pages include worksheets and summaries to help you better understand Medicare timelines, estimate costs, and prepare for important decisions. These tools are designed for educational use only.

2026 Medicare Premium Overview

(Includes income-related adjustments for Parts B and D)

Standard Part B Premium (Monthly): \$202.90 per person

Important Note on Income-Based Increases (IRMAA):

If your income is above a certain level, you may be subject to additional monthly charges—called Income-Related Monthly Adjustment Amounts (IRMAA)—for both Medicare Part B and Part D.

If you receive Social Security benefits, Medicare premiums are typically automatically deducted from your monthly payment. If not, Medicare will send you a bill every 3 months, so you'll want to multiply the monthly premium amounts by 3 to plan for that payment.

These extra charges are added to your base \$202.90/month Part B premium.

For Part D, IRMAA amounts are added to the premium of your chosen drug plan or Medicare Advantage plan that includes prescription coverage.

How Income Affects Your 2026 Medicare Premiums

Based on your 2024 Modified Adjusted Gross Income (MAGI)

If your MAGI (Modified Adjusted Gross Income) in 2024 was ...			You pay in 2026 (per person) Monthly premiums to Medicare	
Individual Tax Return	Joint Tax Return	Married & Separate Tax Return	Part B Premium + IRMAA	Part D IRMAA (In addition to Part D plan premium)
\$109,000 or Less	\$218,000 or Less	\$109,000 or Less	\$202.90	---
\$109,001 to \$137,000	\$218,001 to \$274,000	N/A	\$284.10 (\$202.90 + \$81.20)	+\$14.50
\$137,001 to \$171,000	\$274,001 to \$342,000	N/A	\$405.80 (\$202.90 + \$202.90)	+ \$37.50
\$171,001 to \$205,000	\$342,001 to \$410,000	N/A	\$527.50 (\$202.90 + \$324.60)	+\$60.40
\$205,001 to \$500,000	\$410,001 to \$750,000	\$109,001 to \$391,000	\$649.20 (\$202.90 + \$446.30)	+\$83.30
\$500,000+	\$750,000+	\$391,000+	\$689.90 (\$202.90 + \$487.00)	+ \$91.00

How Income Affects Your 2026 Medicare Premiums:

Your 2026 Medicare Part B and D premiums are based on your 2024 Modified Adjusted Gross Income (MAGI). If your income exceeds certain limits, you may pay more through an Income-Related Monthly Adjustment Amount (IRMAA).

Example: If your 2024 MAGI was \$109,000 or less (individual) or \$218,000 or less (joint), you'll likely pay the standard premium.

Medicare Cost Summary

	Coverage Types	Company	Premium
<input type="checkbox"/>	PART A	MEDICARE	\$0
<input type="checkbox"/>	PART B	MEDICARE	\$ _____
<input type="checkbox"/>	MEDICARE: SUPPLEMENT OR ADVANTAGE	_____	PLAN: _____ \$ _____
<input type="checkbox"/>	PART D	_____	\$ _____
<input type="checkbox"/>	DENTAL/ VISION HEARING	_____	\$ _____
<input type="checkbox"/>	CANCER, HEART & STROKE	_____	\$ _____
<input type="checkbox"/>	HOSPITAL UMBRELLA	_____	\$ _____
<input type="checkbox"/>	RECOVERY CARE	_____	\$ _____

Total: \$ _____

Your Medicare Roadmap



Meet with us

_____ Date



Apply for Medicare

Are you applying for Medicare?

YES NO

_____ Date



Apply for Medicare Supplement

Are you applying for Medicare Supplement?

YES NO

_____ Date



Apply for Part C or Part D

_____ Date



Start Medicare

_____ Date

How We Support Your Medicare Journey

At A&E Insurance Agency, LLC, we're here to make Medicare easier to understand. We offer personalized guidance and coverage options based on your needs, so you can make informed choices with confidence.

Next Steps: Understanding Your Medicare Coverage Options

At A&E Insurance Agency, LLC, we offer educational one-on-one Medicare seminars to help you understand your coverage choices. Contact us to reserve your spot and make informed decisions at your own pace.

WHAT YOU'LL GET IN THIS SESSION

The Medicare Road Map

Step-by-step guidance designed to help you understand the Medicare process and how it may apply to your situation.

Medicare Cost Summary

A general overview of potential out-of-pocket costs under different types of Medicare plans.

Our Value-Added Service

Our licensed insurance agents offer educational support throughout the Medicare process—from learning about eligibility to completing application steps. We provide one-on-one assistance to help you understand your coverage options.

Disclaimer:

This service is for educational purposes only and does not guarantee plan enrollment, eligibility, or approval. Plan availability and costs vary by carrier and service area.

Understanding the Medicare Part B Giveback Benefit

Some Medicare Advantage plans may include a Part B Giveback Benefit—an optional premium reduction offered by select plans in certain areas.

If you're eligible and enrolled in a plan with this benefit, the insurance carrier pays part (or sometimes all) of your monthly Medicare Part B premium on your behalf. This amount is then reflected as a credit on your Social Security check or your Part B bill, depending on how you pay.

To qualify, you must:

- Be enrolled in both Medicare Parts A and B
- Not receive Medicaid or other Part B assistance
- Live in the service area of a plan that offers this benefit

The giveback amount varies by plan and region and can range from as little as a few dollars up to the full Part B premium. However, most plans offer partial amounts.

Important:

Giveback plans are not available everywhere, and not all beneficiaries will qualify. Always compare plans carefully—including coverage, costs, doctor networks, and prescription benefits—before making a switch.

Medigap (Medicare Supplement) plans do not offer Part B premium reductions.

Your Step-by-Step Guide to Understanding Medicare and Exploring Your Coverage

This guide was developed by licensed Medicare professionals to help you make sense of how Medicare works and what coverage options may be available to you. Whether you're approaching age 65 or already eligible, you'll find straightforward, step-by-step information designed to help you make informed decisions with clarity and confidence.



**Scan to Watch Our Medicare
101 Webinar or visit
medicare101webinars.com**

Disclaimer:

A&E Insurance Agency, LLC and Steve Germain are not affiliated with or endorsed by the U.S. government or the federal Medicare program. This book is for educational purposes only and is not a substitute for official Medicare information.

We do not offer every plan available in your area. Any information provided is limited to the plans we do offer. For a complete list of your options, please contact 1-800-MEDICARE or visit www.Medicare.gov.

A licensed insurance agent may contact you.