Alliant
MEDICARE SOLUTIONS
A Non-Government Entity

Your Guide to Medicare

Helping you understand Medicare and the choices you have

Alliant Medicare Solutions is not connected with or endorsed by the United States government or the federal Medicare program.

Medicare is complicated.

With so many different plan choices, the constant stream of mail and TV ads, and even incorrect information, it's no wonder Medicare seems like a confusing maze.

This guide can help.

- Learn the different parts of Medicare.
- Understand what is and isn't covered.
- Know what's available—Medicare Advantage (MA), Medicare Supplement, and Medicare Part D Prescription Drug (MA-PD) plans.
- Get a rough idea of costs under different plans.
- Get an idea if Medicare is right for you, even if you are going to continue working.
- If Medicare is right for you, use the checklists to help you gather everything you need to enroll.

Let's start with the basics.

What Is Medicare?

Medicare is the government-run health insurance program for people:

- age 65 or older,
- under 65 with certain disabilities, or
- with end-stage renal disease.

Care is provided by any doctor or facility that accepts Medicare.

Who Is Eligible?

In general, those who are eligible for premium-free Part A (hospital insurance) and Part B (medical insurance) include:

- individuals who are 65 and have worked 10 years in this country or who have a spouse who has,
- or individuals who are under 65 and have received Social Security disability benefits for 24 months.

If you are receiving Social Security, you likely already enrolled in Part A and Part B when you turned 65.

Your Medicare Coverage Can Consist of Several Parts

Original Medicare	
Part A: Hospital Insurance	Part B: Medical Insurance
Subsidized Private Insurance	
Part C: Medicare Advantage	Part D: Prescription Coverage
Private Insurance	
Medicare Supplement	

What Does Each Part Cover?

Part A: Hospital Insurance

- Inpatient hospital services (such as lab tests and surgeries) and supplies (such as wheelchairs and walkers) considered medically necessary to treat a disease or condition.
- Includes inpatient hospital room and board, skilled nursing care, hospice and some home healthcare costs.

Part B: Medical Insurance

- Medically necessary outpatient doctor visits
- Outpatient surgery
- Physical therapy
- Durable medical equipment (such as crutches and home oxygen supplies)
- Ambulance services
- Preventive services (such as flu shots and screenings for diabetes and cancers).

Part C: Medicare Advantage

A type of Medicare health plan offered by a private insurance company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage plans must cover all of the services that Original Medicare covers—except hospice care—and may also offer extra coverage. (Original Medicare covers hospice care even if you're in a Medicare Advantage plan.) In all types of Medicare Advantage plans, you're always covered for emergency and urgently needed care.

Part D: Prescription Coverage

Provides outpatient prescription drug coverage. Plans can be purchased on a standalone basis or included in a Medicare Advantage plan. Plans vary in price, copayments and the drugs included on their formulary (prescription drug list). While you may not currently be on any prescription medication, the chances of you having to take at least one, if not more, in your lifetime increase as you age.

Medicare Supplement Plans (also known as Medigap Plans)

Help pay some of the healthcare costs that Original Medicare doesn't cover. These gaps include items like copayments, coinsurance and deductibles. Medicare Supplement plans are provided by private insurance companies. If you have Original Medicare and you buy a Medicare Supplement policy, Medicare will pay its share of the Medicare-approved amount for covered healthcare costs. Then your Medicare Supplement policy pays its share.

What Does Medicare Cost?

Costs for Medicare vary from year to year.

Most people don't pay a monthly premium for Part A, because they have paid into the system during their working years. Generally, you will need to pay a Part A deductible, a Part B deductible, and a monthly Part B premium. If you enroll in a Part D Prescription Drug plan, you also may pay a monthly premium. Use this page to get a rough idea of Medicare costs in 2025.

2025 Costs at a Glance

	Premium	Deductible
Part A	Most people don't pay a monthly premium because they already have paid Medicare taxes while working; however, if you do have to pay a premium, it will be $518 each month or less, depending on how many quarters you worked in your lifetime.	Hospital inpatient deductible: $1,676 for each benefit period Days 1-60: $0 coinsurance for each benefit period Days 61-90: $419 coinsurance per day of each benefit period Days 91 and beyond: $838 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs.
Part B	The standard monthly premium is $185. However, some beneficiaries pay less due to something called the hold harmless provision, and some pay higher because of their income. If you have additional questions regarding what your premium would be, please contact Medicare directly.	$257 per year. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.
Part C	Most Part C (Medicare Advantage) plans have low or zero premiums. Premiums vary by plan type and geography, and often include prescription drug coverage at no extra cost, but you are still responsible for your Part B premium.	Deductibles, copays and coinsurance vary by plan.
Part D	Varies by plan (higher earners may pay more).	Deductibles, copays coinsurance vary by plan.
Medigap	Medicare Supplement (Medigap) plans also have monthly premiums. These costs also vary.	

For estimated charges, visit medicare.gov/basics/get-started-with-medicare/medicare-basics/what-does-medicare-cost

Medicare Doesn't Cover Everything!

You could be responsible for paying for certain items and services.

Here are some expenses not covered by Parts A and B, and generally not covered by Medicare Supplement plans:

- Long-term care
- Most dental care
- Dentures
- Eye examinations related to prescribing glasses
- Cosmetic surgery
- Hearing aids and exams
- for fitting them
- Acupuncture
- Routine foot care

About 80% of older adults have at least one chronic condition, and 68% have at least two, according to the National Council on Aging.

Original Medicare covered 64% of the cost of healthcare services for Medicare beneficiaries ages 65 and older in 2016, the most recent year available.[1]

How do you pay for the rest?

Call Alliant Medicare Solutions
to speak with a Licensed Insurance Agent.

(877) 888-0165

We'll help find health insurance that fits
your needs and budget.

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc. alliantmedicaresolutions.com

[1] *Savings Medicare Beneficiaries Need for Health Expenses in 2019: Some Couples Could Need as Much as $363,000*, Employee Benefit Research Institute, May 16, 2019, No. 481.

What's the difference?

Medicare Advantage vs. Medicare Supplement Plan

Medicare Advantage (Part C) plans are an alternative to Original Medicare. With Medicare Supplement Plans (Medigap), you are still enrolled in Original Medicare, but these plans fill the gaps in Parts A and B. Enrollment is optional, but if you do choose to enroll in one, you cannot be enrolled in the other.

	Medicare Advantage Plan (Part C)	Medicare Supplement Plan (Medigap)
Coverage	Must provide the same level of coverage as Original Medicare with the exception of hospice care.	Covers the copayments, coinsurance and deductibles that Original Medicare doesn't pay.
Prescription Drugs	Often includes Medicare Part D Prescription Drug coverage.	No Rx coverage—can be paired with Medicare Part D Prescription Drug coverage.
Type of Plan	Coverage is from a private health insurance plan, usually network-based, like an HMO or PPO. Benefits vary by company.	Typically accepted by any provider that accepts Medicare. All policies offer the same basic benefits but some offer additional benefits.
Out-of-pocket Costs	Out-of-pocket costs are capped.	Out-of-pocket costs are not capped.
Enrollment	Limited to an Initial Enrollment Period, Annual Election Period, General Enrollment Period, as well as special circumstances throughout the year called Special Enrollment Periods.	Enrollment is year-round.
Premiums	Can be as low as $0 per month, but you are still responsible for the Part B premium. Premiums are not impacted by age or sex, but do vary by county.	Typically range from $85 to $150 per month, but vary by plan and geography. Premiums can also be affected by age and sex.
Eligibility	Guaranteed acceptance.	During the member's 6-month Medigap Open Enrollment Period any Medigap policy sold in the member's state can be purchased, even if the member has health problems

How Do I Decide? Call Alliant Medicare Solutions at **(877) 888-0165** to speak with a Licensed Insurance Agent. We can clearly explain the differences between Medicare Advantage and Medicare Supplement and help you find a plan that works for you. Have your current medical coverage available when you call. For more information, visit us at alliantmedicaresolutions.com

How do I compare Medigap policies?

The chart below shows basic information about the different benefits that Medigap policies cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest.

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	A	B	C[2]	D	F[2,3]	G[2]	K	L	M	N
Medicare Part A coinsurance and hospital costs[4]	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%[5]
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 coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
2025 out-of-pocket limit	n/a						$7,220	$3,610	n/a	

[2] Plans C and F are only available for Medicare beneficiaries who became eligible for Medicare prior to Jan. 1, 2020.

[3] Plans F and G have a high deductible option that is available in some states. If you choose this option, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of 2870 in 2025 before your policy pays anything.

[4] up to an additional 365 days after Medicare benefits are used

[5] Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in an inpatient admission.

Can I Qualify for Extra Help?

People with limited income and resources may qualify for Extra Help programs that pay the Part B Original Medicare premium and/or lower the costs of Medicare prescription drug coverage. You can get more information about assistance by going to a Social Security office, calling (800) 772-1213, visiting ssa.gov or talking with your Licensed Insurance Agent.

What If I Still Have Employer Coverage Available?

If you are 65 or over, eligible for Medicare, and have insurance through your or your spouse's current job, in most cases you should at least take Part A (hospital insurance). (For most people, Part A is free.) If you or your employer contributes to an HSA, once you have either your Part A or B, you or your employer can no longer contribute to your HSA account. If you want to continue contributing to your HSA account, you would not want to enroll into any Part of Medicare.

To decide whether to take Part B (medical insurance), for which everyone pays a monthly premium, you should ask your benefits manager or human resources department how your employer insurance works with Medicare and confirm this information with the Social Security Administration (SSA) and Medicare. Be aware that when you qualify for Medicare, your employer insurance may start to work differently for you. You will need to figure out whether paying for both types of coverage will be useful in offsetting your healthcare costs.

How Do I Decide? Call Alliant Medicare Solutions at **(877) 888-0165** to speak with a Licensed Insurance Agent. We can clearly explain the differences between Medicare Advantage and Medicare Supplement and help you find a plan that works for you. Have your current medical coverage available when you call. For more information, visit us at alliantmedicaresolutions.com

Know These Dates!

October 15–December 7

Open Enrollment (also known as the Annual Election Period)

During this election period, open to anyone in the Medicare program, you can:

- Change from Original Medicare to a Medicare Advantage (MA) or Medicare Advantage plus Part D (MA-PD) plan
- Change from an MA or MA-PD plan to Original Medicare
- Change one MA plan or MA-PD plan to another MA or MA-PD plan
- Enroll in a Part D plan
- Change from one Part D plan to another.

January 1–March 31

Medicare Advantage Open Enrollment Period

This enrollment period is available only to existing Medicare Advantage and/or MA-PD members. If you're currently in a Medicare Advantage plan, you can switch from one Medicare Advantage plan to another, or you can disenroll from Medicare Advantage and go back to Original Medicare with the option of adding a stand-alone Part D plan. You can make one change during this enrollment period.

General Enrollment Period

If you miss your Initial Enrollment Period for Medicare Part A and/or Part B, you get another chance to enroll during this time. However, you may have to pay a late enrollment penalty. Your monthly premium increases 10% for each 12-month period you were eligible for, but did not enroll in, Medicare Part B. Your Part A and B will be effective the first of the following month you enroll.

January 1–December 31

Medicare Supplement plans can be purchased year-round but may require health questions to be answered to determine eligibility.

Do You Qualify for a Special Enrollment Period?

Certain special circumstances, or life events, may qualify you for what's called a Special Enrollment Period.

Turning 65?

Find your Birth Month to Find your Initial Enrollment Period

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month. If you have coverage through your or your spouse's employer group health plan, you will have a Special Election Period at the time that you opt out of the group coverage.

This one-time enrollment period is your first opportunity to sign up for Medicare Part A and/or Part B. This is also your first chance to enroll in a Medicare Advantage plan (Part C) or Part D Prescription Drug plan.

Your enrollment window

If your 65th birthday is in …	enrollment opens	enrollment closes
January	October	April
February	November	May
March	December	June
April	January	July
May	February	August
June	March	September
July	April	October
August	May	November
September	June	December
October	July	January
November	August	February
December	September	March

If you do not enroll during your initial enrollment period or do not provide proof of insurance under another eligible plan, you will pay a substantial penalty each month.

Turning 65 Checklist

What you need to know and do to sign up for Medicare

About 9 months before your 65th birthday

❑ Determine whether you're entitled to Medicare

WHY? If you start receiving Social Security before you turn 65, you will be automatically enrolled for Part A and/or Part B (and if so, to expect your Medicare card in the mail) or you'll need to sign up. It also will estimate your premium amounts and provide information so you can decide whether you want Part B and whether you want to supplement Original Medicare or go with a Medicare Advantage plan. If you have not started receiving Social Security Benefits and have creditable coverage through your employer, you do not have to enroll in any part of Medicare, and you will have a Special Enrollment Period when you opt out of the group coverage.

HOW? Choose one of three ways:

- Call Social Security at (800) 772-1213. If you are deaf or hard of hearing, call (800) 325-0778. (Medicare is managed by the Centers for Medicare and Medicaid Services. Social Security works with CMS by enrolling people in Medicare.) –OR–
- Visit your local Social Security office. Use the Social Security Office locator at secure.ssa.gov/ICON/main.jsp or call (800) 772-1213 –OR–
- Go online to Medicare's Eligibility & Premium Calculator: medicare.gov/eligibilitypremiumcalc

❑ Review your current health insurance plan

WHY? Depending on the number of employees your employer has will be important for you to know. If your employer has fewer than 20 employees, Medicare will be primary, and you will need to take your Part A and B unless your employer is part of an association or trust; you will need to confirm with your employer. If your employer has 20 or more employers, if you take Medicare it will be secondary to your employer plan. In both of these situations you could benefit by taking a Medicare plan and should review those options. You should also confirm with your employer whether drug coverage is creditable coverage. If it is not, you may need to take Part D, which is a standalone prescription drug program where you will need your Part A or your Part B.

❑ Explore your options for purchasing health insurance

WHY? Medicare doesn't cover everything. You may want to consider enrolling in a Medicare Advantage plan; or supplementing Original Medicare (Parts A and B) with a Medicare Supplement plan; and you may need Medicare Part D Prescription Drug coverage.

HOW? Gather your current medical coverage information (plan, cost, prescriptions, preferred doctors and hospitals, etc.) and then call Alliant Medicare Solutions at **(877) 888-0165** to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you to enroll.

IMPORTANT! Avoid long-term penalties! If you don't sign up for Part B when you're first eligible, your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. If you have creditable coverage through your or your spouse's employer group health plan, you will not have a penalty as long as you enroll into Medicare Part B within eight months—63 days for prescription drugs—of a voluntary or involuntary termination of the employer plan.

About 6 months before your 65th birthday

❑ Contact your doctors to see if they accept Medicare

WHY? Finding out whether your doctors accept Medicare or participate in Medicare Advantage networks can help you decide whether you want to enroll in Medicare Supplement or Medicare Advantage.

HOW? Call your doctors directly, or see if they're listed on the Medicare.gov directory: medicare.gov/care-compare/

❑ Consider and/or decide whether to purchase Medicare Supplement or Medicare Advantage health insurance

WHY? If you choose, you may enroll in a Medicare Supplement plan up to six months prior to your 65th birthday. You cannot, however, enroll in Original Medicare or Medicare Advantage until three months before your 65th birthday month.

HOW? Call Alliant Medicare Solutions at 8778880165 to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you enroll.

About 3 Months Before Your 65th Birthday

❑ Sign up for Medicare, if you have not received your automatic enrollment information in the mail, and if you're not already getting retirement or disability benefits.

Medicare can be an option for you even if you continue to work.) If you have creditable coverage through your or your spouse's employer group health plan and have not started Social Security, you do not have to enroll in any part of Medicare until that coverage ends.

HOW? Choose one of three ways:

- Call Social Security at (800) 772-1213. If you are deaf or hard of hearing, call (800) 325-0778. (Medicare is managed by the Centers for Medicare and Medicaid Services. Social Security works with CMS by enrolling people in Medicare.) –OR–
- Visit your local Social Security office. Use the Social Security Office locator at secure.ssa.gov/ICON/main.jsp or call (800) 772-1213 –OR–
- Complete an online form (if you are applying only for Medicare and not Social Security benefits) at secure.ssa.gov/iClaim/rib. Before you begin, gather the information in this checklist at: ssa.gov/hlp/isba/10/isba-checklist.pdf.

❑ Research and enroll in a Medicare Part D Prescription Drug plan, a Medicare Advantage-Part D plan or a Medicare Supplement plan.

HOW? Call Alliant Medicare Solutions at **(877) 888-0165** to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you enroll. Be sure to have your current medical coverage information available when you call. For more information, visit us at alliantmedicaresolutions.com

IMPORTANT! Avoid a late enrollment penalty! If you decide not to join a Medicare Prescription Drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't get extra help, you'll likely pay a late enrollment penalty.

Already 65 but did not enroll in Medicare yet

If you did not enroll into Medicare when you first turned 65 because your employer had 20 or more employees and your group prescription drug coverage was creditable, you do have a Special Enrollment Period when you lose your employer coverage, whether voluntary or involuntary.

Once you are enrolled in Medicare, you do not need to sign up each year, but you can make changes on an annual basis to your Medicare Advantage or Medicare Prescription Drug coverage for the following year.

You also may want to review your Medicare Supplement health insurance plan each year, because premiums can change from year to year. While you can switch Medicare Supplement plans at any time throughout the year, you may be subject to underwriting. Even though you don't have to review your Medicare Supplement plan along with your prescription drug plan, it may be convenient to do so at that time.

A few reasons you may want to review your Medicare plan each year:

- You'd like to pay less for your prescriptions and healthcare services.
- Your medications changed in the past year.
- You were diagnosed in the past year with a new medical condition.

Medicare Open Enrollment Period (also known as Annual Election Period)

October 15–December 7

Medicare Advantage Open Enrollment Period (for Medicare Advantage or Medicare Advantage Prescription Drug)

January 1–March 31

How Alliant Medicare Solutions Works

Alliant Medicare Solutions can help you navigate the Medicare maze to find a plan that is right for you. Our dedicated insurance agents are licensed, contracted and certified in all 50 states to provide Medicare advice and products. We'd be happy to help you find an "A-rated" or better insurance carrier at a competitive rate.

Here is how our process works and what you can expect.

1. You call Alliant Medicare Solutions at (877) 888-0165 to speak to a Licensed Insurance Agent.
    - Before you call, gather your current medical coverage information (plan, cost, prescriptions, preferred doctors and hospitals, etc.).
2. You discuss with Alliant Medicare Solutions:
    - Your existing insurance coverage
    - The four parts of Original Medicare and how it works
    - Types of coverage including Medigap, Medicare Advantage and prescription drug coverage
    - Which of those plans might work the best for you, whether or not you are going to continue working.
3. Alliant Medicare Solutions:
    - Helps you enroll immediately –OR–
    - Emails the policy materials for you to review and you enroll at a later date.
4. You receive your new insurance policy ID card in the mail.

We understand that deciding on a Medicare health plan is one of the most important decisions you'll make. We're here to help. To speak with a Licensed Insurance Agent, call (877) 888-0165.

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Decisions related to healthcare and an individual's enrollment in Medicare should be based on the specific circumstances of the individual and made in consultation with his or her own advisors. Alliant Medicare Solutions shall not have any liability for direct, indirect, incidental, special, exemplary, or consequential damages, under any theory of liability, whether in contract or tort, arising out of the use of Alliant Medicare Solutions. Alliant Medicare Solutions is not connected with or endorsed by the United States government or the Federal Medicare program.

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