



Medicare & Me

Your personalized guide to understanding
Medicare plan enrollment

Section 1: Medicare plan basics made simple

Understanding the foundation of Medicare so you can make informed choices.

What is Medicare?

Medicare is a federal health insurance program for:

- People aged 65 or older
- Certain younger individuals with disabilities
- Individuals with End-Stage Renal Disease (ESRD)
- Individuals with Amyotrophic Lateral Sclerosis (ALS)

It helps cover many healthcare expenses but doesn't pay for everything — so understanding your options is key to avoiding gaps in coverage or unexpected costs.

A

Part A – Hospital Insurance

Covers inpatient hospital stays, skilled nursing facilities, hospice, and some home health care. **Most people don't pay a premium for Part A if they've worked 10+ years.**

B

Part B – Medical Insurance

Covers doctor visits, outpatient care, preventive services, and durable medical equipment. **A monthly premium is required for Part B.**

C

Part C – Medicare Advantage

Offered by private insurance companies. These plans combine Parts A and B — and often Part D — into one plan.

D

Part D – Prescription Drug Coverage

Helps cover the cost of prescription medications. Available as a standalone plan or bundled in a Medicare Advantage plan.

Medicare Supplement (Medigap) vs. Medicare Advantage

Understanding the difference can help you choose the plan that truly works for you.

Medicare Supplement (Medigap):

- Helps pay for out-of-pocket costs (like copays and deductibles) from Original Medicare (Parts A & B).
- No provider networks — you can see any doctor that accepts Medicare.
- Drug coverage must be purchased separately (Part D).

Medicare Advantage (Part C)

- Combines hospital, medical, and often drug coverage into one plan.
- May have lower premiums but higher out-of-pocket costs.
- Usually includes provider networks (HMO or PPO).

Which is better?

It depends on your budget, health needs and preference for provider flexibility.

Key terms to know

Premium: The monthly amount you pay for coverage.

Deductible: What you pay out-of-pocket before your plan starts covering services.

Coinsurance: The percentage you pay after your deductible is met — Medicare usually covers 80%, and you cover 20%.

Insights

Over 11,000 people turn 65 every day in the U.S., becoming eligible for Medicare plans.

Original Medicare (Parts A & B) does not include vision, dental, or hearing coverage — many people add supplemental plans for this reason.

About 50% of Medicare plan beneficiaries are now enrolled in Medicare Advantage plans.

The most commonly used Medicare plan benefit? Prescription drug coverage (Part D), which helps millions afford medications.

Section 2: Timeline tracker – know when to enroll

Timing is everything when it comes to enrolling in Medicare plans.

This section helps you keep track of the important dates and enrollment windows to ensure you never miss a deadline.

Key milestones by age

Use the information below to keep track of when key Medicare-related milestones typically occur:

- **Age 64:** Start researching Medicare plan options.
- **Age 65:** Eligibility begins; enroll during your Initial Enrollment Period (IEP).
- **Age 66:** If delaying Social Security, consider how it affects your Medicare timing.
- **Age 67:** Ensure all coverage is in place if retiring or losing employer benefits.

IEP

Initial Enrollment Period (IEP):

Seven month window: Starts 3 months before the month you turn 65, includes your birth month, and ends 3 months after.

SEP

Special Enrollment Periods (SEPs):

Available if you delay Medicare due to employer coverage or other qualifying events.

GEP

General Enrollment Period (GEP):

January 1 – March 31 each year. For those who missed their IEP or SEP and do not qualify for another enrollment period.

AEP

Annual Enrollment Period (AEP):

October 15 – December 7 each year. This is when you can switch or enroll in Medicare Advantage and Part D plans.

Section 3: Factors to consider

Everyone's healthcare needs and financial situation are unique. This section is designed to help you evaluate your personal health requirements and align them with a Medicare plan that fits your budget.

Your coverage needs

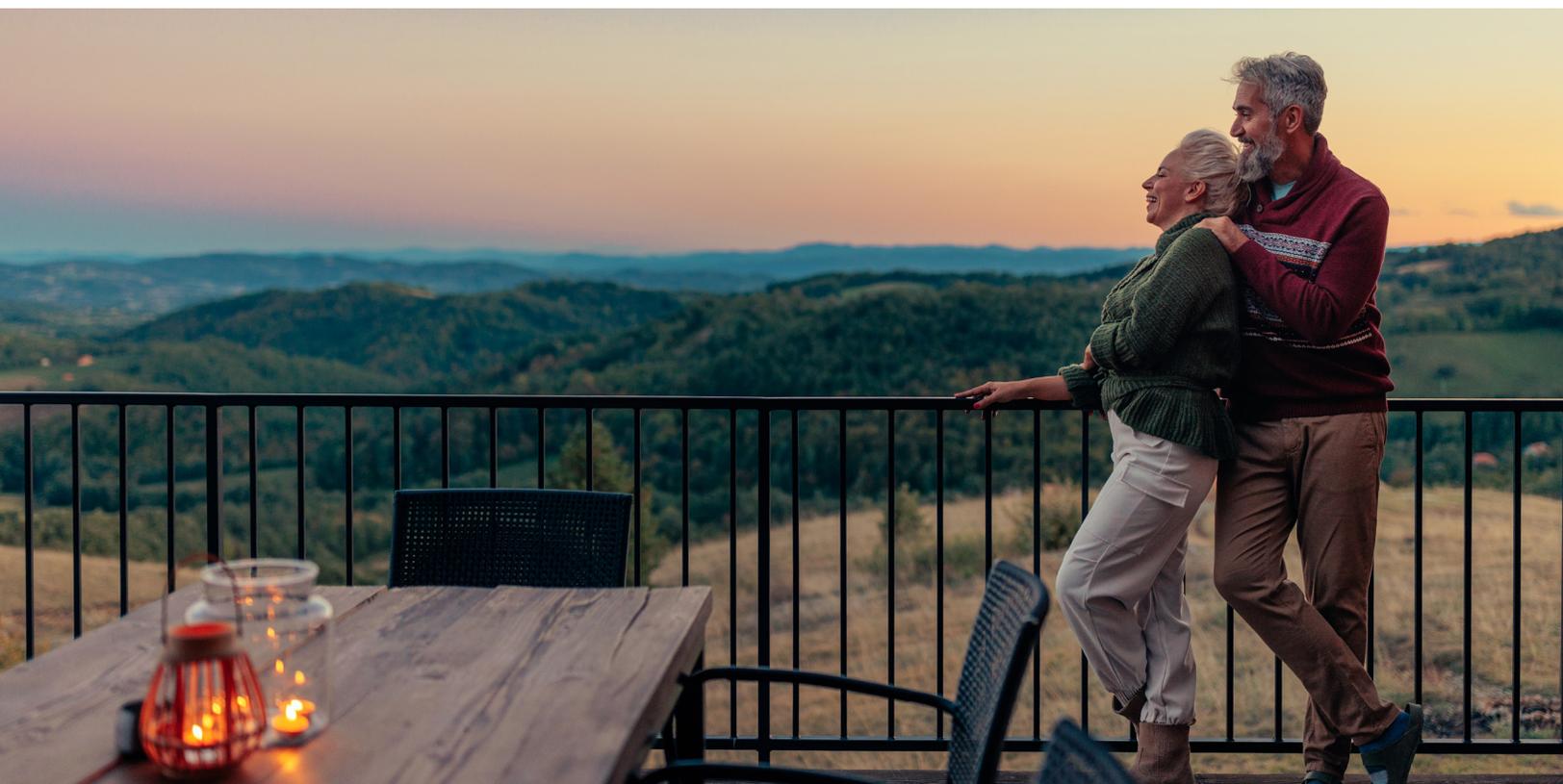
When determining your current healthcare needs and preferences, consider these factors:

- Prescription medications
- Preferred doctors/facilities
- Travel plans (e.g., snowbird, out-of-state)

Your coverage budget

When determining your current healthcare needs and preferences, consider these factors:

- Monthly income
- Monthly living expenses (housing, food, etc.)
- Estimated Medicare premiums
- Copays & prescription costs
- Emergency/out-of-pocket fund



Section 4: Closing gaps in coverage

Original Medicare covers a lot — but not everything. This section helps you identify where additional coverage might be needed to protect your health and well-being.

Common gaps Medicare plans don't cover:

- Dental, Vision, Hearing
- Long-Term Care
- Cancer or Critical Illness
- Hospital Indemnity

Do you have additional coverage needs?

You may have additional coverage needs if:

- You wear glasses or hearing aids.
- You regularly visit a dentist or eye doctor.
- You have a family history of cancer or chronic illness.
- You want coverage for potential long-term care needs.
- You want extra financial protection in case of hospitalization.

Supplemental coverage options:

- **Medicare Supplement (Medigap):** Helps cover deductibles, copays, and coinsurance from Original Medicare.
- **DVH Plans:** Combine dental, vision, and hearing benefits into one convenient policy.
- **Long-Term Care Insurance:** Provides financial support for extended care at home or in a facility.
- **Cancer or Critical Illness Plans:** Provide a lump sum benefit to help with treatment and recovery costs.

Your Medicare plan options

From Original Medicare to Medicare Advantage and Supplement plans, explore your options and find coverage that fits your health needs and budget.

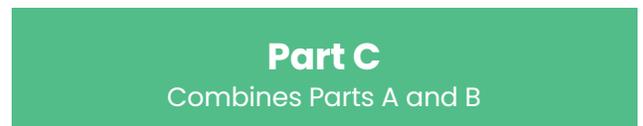
Original Medicare



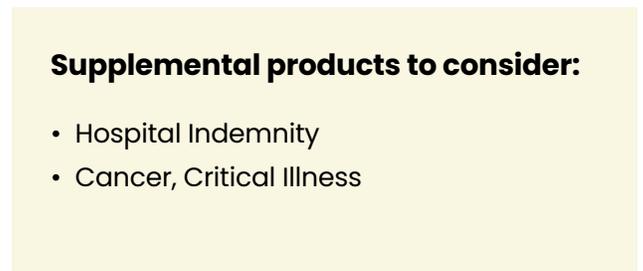
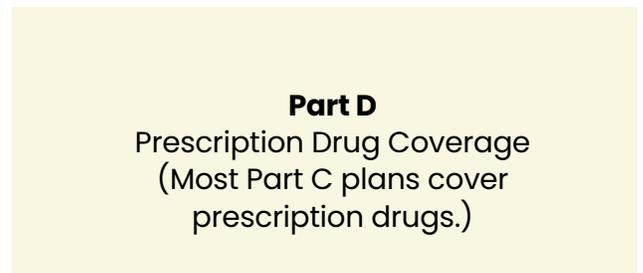
You can add



Medicare Advantage



May include, or may be able to add



Whether you prefer the flexibility of Original Medicare or the all-in-one convenience of a Medicare Advantage plan, knowing what's available — and what can be added — helps you make the most informed decision. Don't forget to consider supplemental products that can further protect your health and financial well-being.

Helpful Medicare resources

- Medicare.gov – The official U.S. government site for Medicare information and enrollment.
Website: <https://www.medicare.gov>
- State Health Insurance Assistance Programs (SHIPs) – Offers free, unbiased help with Medicare choices.
Website: <https://www.shiphelp.org>

Section 5: Your personal Medicare plan timeline

A guided planning tool to help you stay on track and avoid missed opportunities.

Milestone tracker: Plan your next 12–24 months

This timeline outlines your Medicare journey step by step to help you visualize your Medicare milestones.

Step 1: Initial Enrollment Period (IEP)

- Enroll in Medicare Parts A & B
- Review Medicare Advantage and/or Medigap options
- Discuss drug coverage (Part D)

Step 2: Meet with your agent

- Review current Medicare plan coverage (if applicable)
- Review my coverage needs and health priorities
- Explore supplemental coverage options

Step 3: Supplemental coverage planning

- DVH Plan (Dental, Vision, Hearing)
- Hospital Indemnity
- Cancer, Critical Illness

Step 4: Annual review & adjustments

- Next Annual Enrollment Period (AEP) begins October 15
- Review current plan performance
- Update coverage based on health/lifestyle changes
- Make any desired changes by December 7

Let's talk about your full plan

Now is the perfect time to continue the conversation and take a closer look at how your healthcare choices fit into your overall financial and retirement strategy.

Schedule your complimentary consultation today.

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