

Welcome to Medicare

Original Medicare

MEDICARE

Options for More Coverage

OPTION 1

Add one or both of the following to Original Medicare.

Original Medicare

MEDICARE

Part-B

\$185.00

Premium:

\$ _____

Premium:

\$ _____

Estimated RX

Cost:

\$ _____

Estimated

Total:

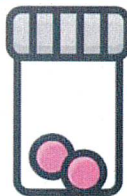
\$ _____

Medigap



Medicare Supplement

PART-D



OR

OPTION 2

Choose a Medicare Advantage plan.

PART-C

PART-A



PART-B



PART-D



May offer additional benefits not provided by Original Medicare

Part-B

\$185.00

Premium:

\$ _____

Estimated RX

Cost:

Estimated

Total:

\$ _____

Estimated

Total:

\$ _____

Plus Plan

Co-Pays &

Co-insurance

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Original Medicare Costs

Part A Inpatient Hospital

Part-A Deductible (Per Benefit Period)	\$1676.00 per Benefit Period
Days 1-60	\$0 per Day
Days 61-90	\$419.00 per Day
Days 91-150 (Lifetime Reserve Days)	\$838.00 per Day
Days 151+	All Costs

Part A - Skilled Nursing Facility Stay

Days 1-20	\$0 per Day
Days 21-100	\$209.50 per Day
Days 100+	All Costs

Part A - Home Health Care

\$0 for home health care services.

20% of the Medicare-approved amount for durable medical equipment (DME).

Part A - Hospice Care

\$0 for covered hospice care.

- A copayment of up to \$5 per prescription for outpatient drugs for pain and symptom management .
- 5% of the Medicare-approved amount for inpatient respite care.
- Medicare won't pay room and board for your care in a facility, unless the hospice medical team decides you need short-term inpatient care to manage pain and other symptoms. This care must be in a Medicare-approved facility, like a hospice facility, hospital, or skilled nursing facility that contracts with the hospice.

Part B - Outpatient Medical Services

Monthly premium: The standard Part B premium amount in 2025 is \$185.00. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your Internal Revenue Service (IRS) tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income-Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

Annual Deductible \$257 per year.

After you meet your deductible for the year, you typically pay 20% of the Medicare-approved amount for these:

- Most doctor services (including most doctor services while you're a hospital inpatient)
- Outpatient therapy
- Durable medical equipment (DME)
- Clinical laboratory services: You pay \$0 for Medicare-approved services.

Medical and Other Services:

- You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and DME.
- **Does Part-B IRMAA apply to you??**

Income Related Monthly Adjustment Amount Table (IRMAA)

If your yearly income for 2023 (for what you pay in 2025) was:				
File Individual Tax Return with a MAGI of:	File Joint Tax Return with a MAGI of:	Income-Related Monthly Adjust-ment Amount	Part-B Total Monthly Premi-um Amount	Part-D Monthly Adjustment Amount
\$106,000 or less	\$212,000 or less	\$0.00	\$185.00	\$0.00
Above \$106,000 up to \$133,000	Above \$212,000 up to \$266,000	\$74.00	\$259.00	\$13.70
Above \$133,000 up to \$167,000	Above \$266,000 up to \$334,000	\$185.00	\$370.00	\$35.30
Above \$167,000 up to \$200,000	Above \$344,000 up to \$400,000	\$295.90	\$480.90	\$57.00
Above \$200,000 up to \$500,000	Above \$400,000 up to \$750,000	\$406.90	\$591.90	\$78.60
\$500,000 or above	\$750,000 or above	\$443.90	\$628.90	\$85.80

Benefits	Medigap plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	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%***
Blood benefit (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%
							Out-of-pocket limit in 2025**			
							\$7,220	\$3,610		

*Plans F and G also offer a high-deductible plan in some states. You must pay Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,870 in 2025 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020. Go to page 75.)

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$257 in 2025), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance. You must pay 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.

Illinois-- Effective January 1, 2022

Policyholders aged 65 through 75 may annually apply to their current insurer to convert their Medicare Supplement policy to a policy with lesser benefits on a GI basis for a period of 45 days starting with the policyholder's birth date. A notice of the annual birthday open enrollment will be provided at time of application.

2026 Medicare Prescription Drug Coverage

Drug Payment Stages:

Annual Deductible



Initial Coverage



Catastrophic Coverage

In This Drug Payment stage:

- You pay for your drugs until you reach the plan deductible amount
- \$610 maximum for 2026
- Not all Part-D plans have a deductible
- If your plan does not have a deductible, your coverage starts with your first prescription you fill

In This Drug Payment stage:

- You pay a copay or coinsurance and the plan pays the rest
- You stay in this stage until your **total drug costs** reach \$2100 in 2026

After your total out-of-pocket costs reach **\$2100**:

- You pay no copay or coinsurance amount
- You stay in this stage for the rest of the year

Part-D Terms

Prior authorization (PA) is a requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.

Quantity limit (QL) defines how much of a particular drug patient can get during a specific time period (days supply limit) or the maximum day's supply that patients can get at once (quantity per day's supply limit)

Step Therapy (ST) is an approach to prescription intended to control the costs and risks posed by prescription drugs. The practice begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.

Medicare Prescription Payment Plan M3P

New payment option in prescription drug law to help manage out of pocket Medicare Part D drug costs by spreading them out across the calendar year.

- Effective 1/1/2025 along with the \$2,000 Max Out of Pocket (MOOP)
- Can enroll in the M3P anytime throughout the year, however starting earlier in the year helps spread out the costs of the drugs
- Enroll by contacting the health plan
- Voluntary program you can enroll in and disenroll in
- Premium bill is separate from the M3P payment

This is **NOT A SAVINGS PROGRAM**, you will still pay the same amount for the drugs up to the \$2,000 max, it is referred to as a smoothing program to help level out the payments.

A good candidate for this program is someone who has yearly high drug costs. It is best to start it early in the year!

Part D (Medicare Drug Coverage)

Part D base beneficiary premium - \$36.78 (used to determine any late enrollment penalty amount).

Deductibles, co payments, and coinsurance - The amount you pay for Part D deductibles, copayments, and/ or coinsurance varies by plan. Look for specific Medicare drug coverage costs, and then call the plans you're interested in to get more details.

Part D late enrollment penalty - You may owe a late enrollment penalty if, for any continuous period of 63 days or more after your Initial Enrollment Period is over, you go without one of these:

- A Medicare drug plan (Part D)
- A Medicare Advantage Plan or another Medicare health plan that offers Medicare drug coverage
- Creditable prescription drug coverage

In general, you'll have to pay this penalty for as long as you have Medicare drug coverage. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage.

Medicare calculates the penalty by multiplying 1% of the "national base beneficiary premium" (\$36.78 in 2025) times the number of full, uncovered months you didn't have Part D or creditable coverage. The monthly premium is rounded to the nearest \$.10 and added to your monthly Part D premium. The national base beneficiary premium may change each year, so your penalty amount may also change each year.

If your income is above a certain limit, you'll pay an Income-Related Monthly Adjustment (IRMAA) amount in addition to your plan premium.

"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."

However, it is our responsibility to ensure you know all of your options so that you can enroll in the plan that best suits your needs.

