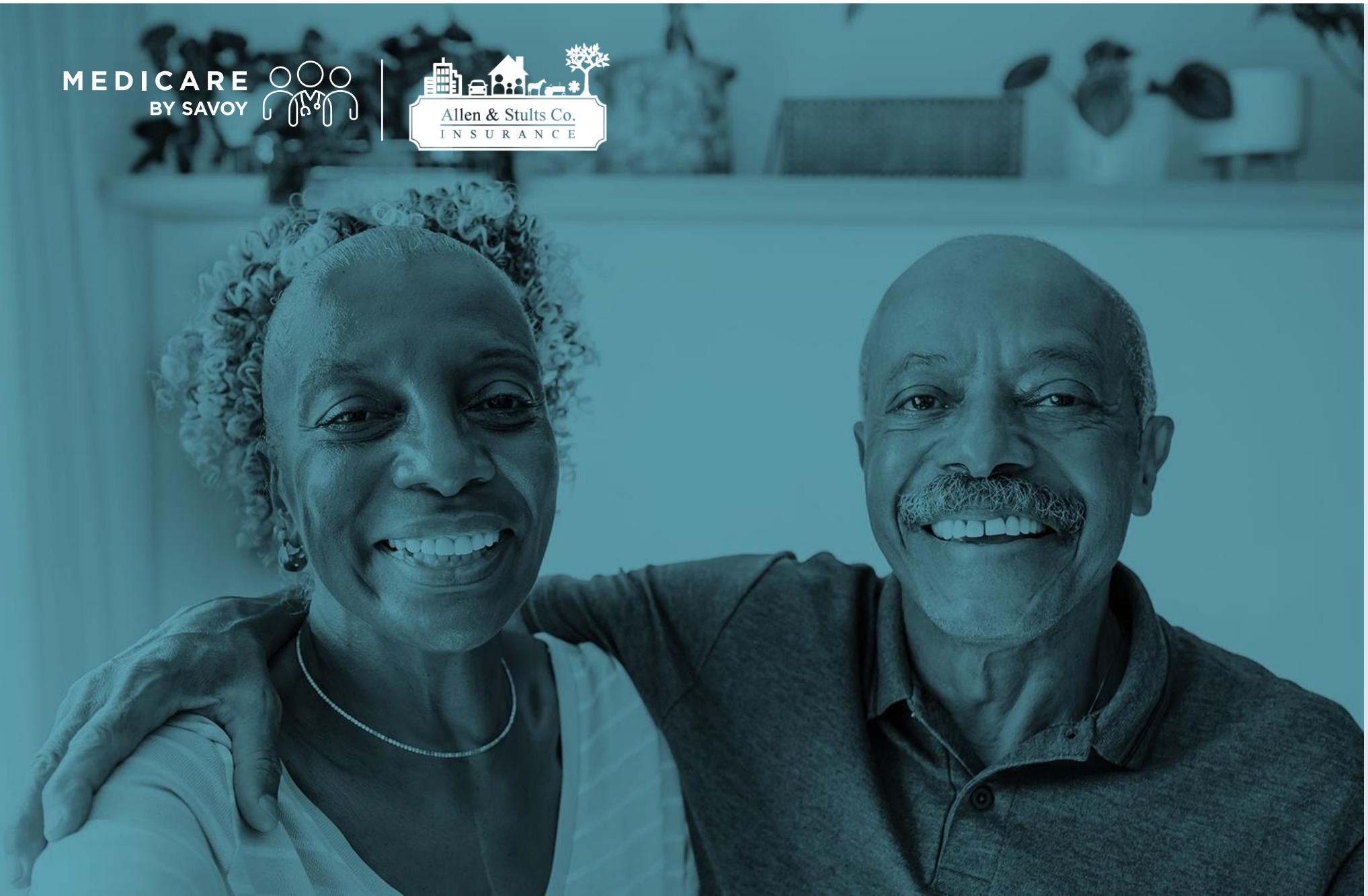


MEDICARE
BY SAVOY



What is Medicare?

Medicare is a federal system of health insurance for people age 65 or older and for certain younger people with disabilities.

It pays for part of an individual's health care expenses. It is paid for through people's payroll taxes while they are working.

Who is eligible and when?



People age 65 or older who have paid taxes into the program for 40 calendar quarters in their lives



People under age 65 with certain disabilities



Individuals with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant)

Initial Enrollment Period



| What does Medicare cover?

Part A

Medicare Part A is hospital insurance. Even when Medicare Part A covers your care:

- You may have to pay a deductible amount and/or coinsurance or copayment.
- There may be some services you get in a hospital or other setting that Medicare doesn't cover.

Part B

Medicare Part B is medical insurance. It may cover a wide range of items and services.

- Part B deductible and/or coinsurance or copayments may apply.

| What Medicare Parts A & B Cover

| Part A | Part B |
|--|--|
| Hospital and skilled nursing insurance helps cover: | Doctor's office visit and outpatient service insurance helps cover: |
| Inpatient hospital care | Outpatient hospital services (minor surgeries) |
| Inpatient mental health care | Physician services |
| Skilled nursing facility care | Some preventive care (i.e., flu and pneumonia shots) |
| Home health care | Laboratory services |
| Some blood for transfusions during inpatient care | Blood |
| | Home health care |
| | Outpatient physical, occupational and speech-language therapy |
| | Durable medical equipment (wheelchairs, oxygen, etc.) |
| | Outpatient mental health |
| | Ambulance |

Does Original Medicare cost anything?

Part A

There is typically no monthly premium for Medicare Part A if an individual or their spouse have paid for it through payroll taxes while working.

In some cases, switching from employer-sponsored insurance to Medicare costs less and adds more coverage.

Part B

- Most people pay a monthly premium for Part B, which is based on your household income.
- Medicare Supplement Plans, Medicare Advantage Plans and Part D drug plans may cost extra.

Medicare Costs – Part B Premium

| FILE INDIVIDUAL TAX RETURN | FILE JOINT TAX RETURN | FILE MARRIED & SEPARATE TAX RETURN | YOU PAY EACH MONTH (IN 2023) |
|-------------------------------|--------------------------|---------------------------------------|---------------------------------|
| \$97,000 or less | \$194,000 or less | \$97,000 or less | \$164.90 |
| \$97,001 to \$123,000 | \$194,001 to \$246,000 | Not Applicable | \$230.80 |
| \$123,001 to \$153,000 | \$246,001 to \$306,000 | Not Applicable | \$329.70 |
| \$153,001 to \$183,000 | \$306,001 to \$366,000 | Not Applicable | \$428.60 |
| \$183,001 to \$500,000 | \$366,001 to \$750,000 | \$97,001 to \$403,000 | \$527.50 |
| \$500,000+ | \$750,000+ | \$403,000+ | \$560.50 |

How Can I Appeal IRMAA Decisions?



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB Exempt

MEDICARE REDETERMINATION REQUEST FORM — 1st LEVEL OF APPEAL

Beneficiary's name (First, Middle, Last)

Medicare number

Item or service you wish to appeal

Date the service or item was received (mm/dd/yyyy)

Date of the initial determination notice (mm/dd/yyyy) (please include a copy of the notice with this request)

If you received your initial determination notice more than 120 days ago, include your reason for the late filing:

Name of the Medicare contractor that made the determination (not required)

Does this appeal involve an overpayment?
(for providers and suppliers only)
☐ Yes ☐ No

I do not agree with the determination decision on my claim because:

Additional information Medicare should consider:

☐ I have evidence to submit.
Please attach the evidence to this form or attach a statement explaining what you intend to submit and when you intend to submit it. You may also submit additional evidence at a later time, but all evidence must be received prior to the issuance of the redetermination.

☐ I do not have evidence to submit.

Person appealing:
☐ Beneficiary ☐ Provider/Supplier ☐ Representative

Email of person appealing (optional)

Name of person appealing (First, Middle, Last)

Street address of person appealing

City

State

Zip code

Telephone number of person appealing (include area code)

Date of appeal (mm/dd/yyyy) (optional)

Privacy Act Statement: The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Centers for Medicare & Medicaid Services to another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies. Additional information about these disclosures can be found in the system of records notice for system no. 09-70-0566, as amended, available at 83 Fed. Reg. 6591 (2/14/2018) or at <https://www.hhs.gov/foia/privacy/sorns/cms-sorns.html>

Form CMS-20027 (01/20)

Samples of Medicare Costs – Care under Part A

| Hospital and Skilled Nursing Insurance | SERVICE | MEDICARE PAYS | YOUR COST SHARE |
|---|----------------------------------|---|--|
| | Hospitalization | Days 1–60 — All but \$1,600 | \$1,600 |
| | | Days 61–90 All but \$400 per day | \$400 per day |
| | | Days 91–150 (Lifetime Reserve Days) All but \$800 per day | \$800 per day |
| | | Nothing beyond 150 days (After using Lifetime Reserve Days) | All costs for the remainder of the hospital stay |
| | | First 3 pints of blood – \$0 | 100% |
| | Skilled Nursing Facility Care | Days 1–20 100% of approved amount | Nothing |
| | | Days 21–100 All but \$200 per day | \$200 per day |
| | | Days 100+ — No benefit | All costs for the remainder of your stay |

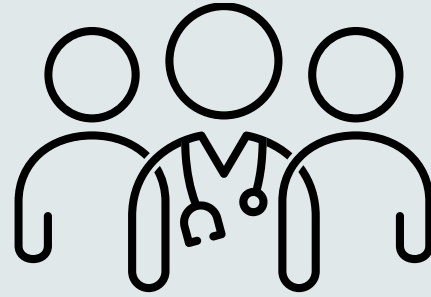
Samples of Medicare Costs – Care under Part B

Doctor’s Office Visit and Outpatient Service Insurance

| SERVICE | MEDICARE PAYS | YOUR COST SHARE |
|--|--------------------------------------|--|
| Medical Expenses Outpatient, Doctor Visits, Specialist | 80% of the approved amount | <ul style="list-style-type: none"> • 20% of the approved amount • \$226 deductible per calendar year |



These costs are in addition to the monthly Medicare Part B premium, which you will need to pay. **A Medicare supplement plan may help cover some or all of these costs.**



Medicare Supplement VS Medicare Advantage



Medicare Choices

STEP 1

Original Medicare



Covers Hospital Stays



Covers Doctors and Outpatient Visits

Government-Provided

Enroll in Original Medicare when you become eligible

STEP 2

Option 1

Medicare Supplement Insurance



Covers Some or All the Costs Not Covered by Parts A & B

Offered by Private Companies

Medicare Part D



Covers Prescription Drugs

Offered by Private Companies

Option 2

Medicare Advantage Part C



Combines Parts A & B



Additional Benefits



Most Plans Cover Prescription Drugs

Offered by Private Companies

M E D I C A R E 1 0 1

Medicare Supplement



You're eligible if you are :

01

Enrolled in Medicare Parts A and B at the time your coverage begins

02

A resident of the state in which you are applying for coverage

03

Age 65 or older (or under age 65 with certain disabilities in some states)

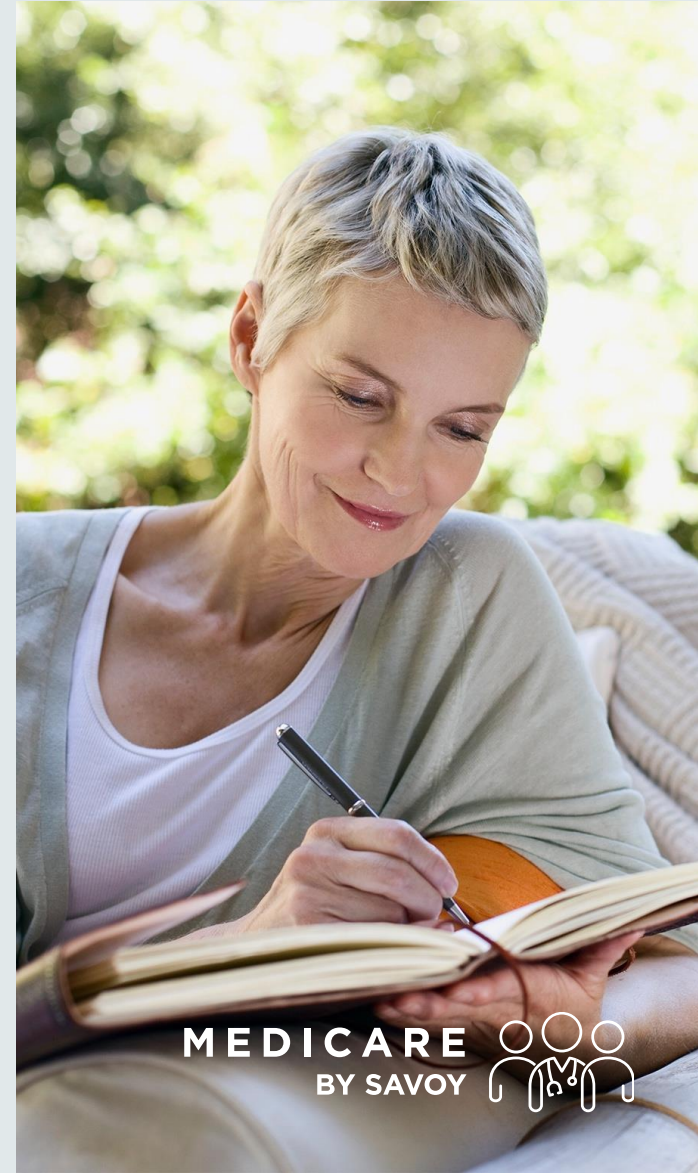


If you are eligible for Medicare due to End-Stage Renal Disease (ESRD), please contact Medicare By Savoy to discuss your options.

M E D I C A R E 1 0 1

Medicare Supplement Plans

- Private health insurance plans for people on Medicare Parts A and B who want help paying some of the health care costs not covered – like coinsurance, copayments and deductibles.
- Plans are named with letters of the alphabet (A, B, C, D, F, G, K, L, M and N), and benefit levels vary by plan.
- Typically, the more comprehensive the coverage, the higher the monthly premium for the Medicare Supplement Plan.



MEDICARE
BY SAVOY



Medicare Supplement Insurance (MEDIGAP) Plans

| BENEFITS | 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 (first 3 pints) | 100% | 100% | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100% |
| Part A hospice care or coinsurance 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 2023 | | | |
| | | | | | | | \$6,940 | \$3,470 | | |

Enrollment Eligibility

Medicare Supplement Plan

Open Enrollment

- Enrollment within 6 months of your Medicare Part B coverage

Guaranteed Issue

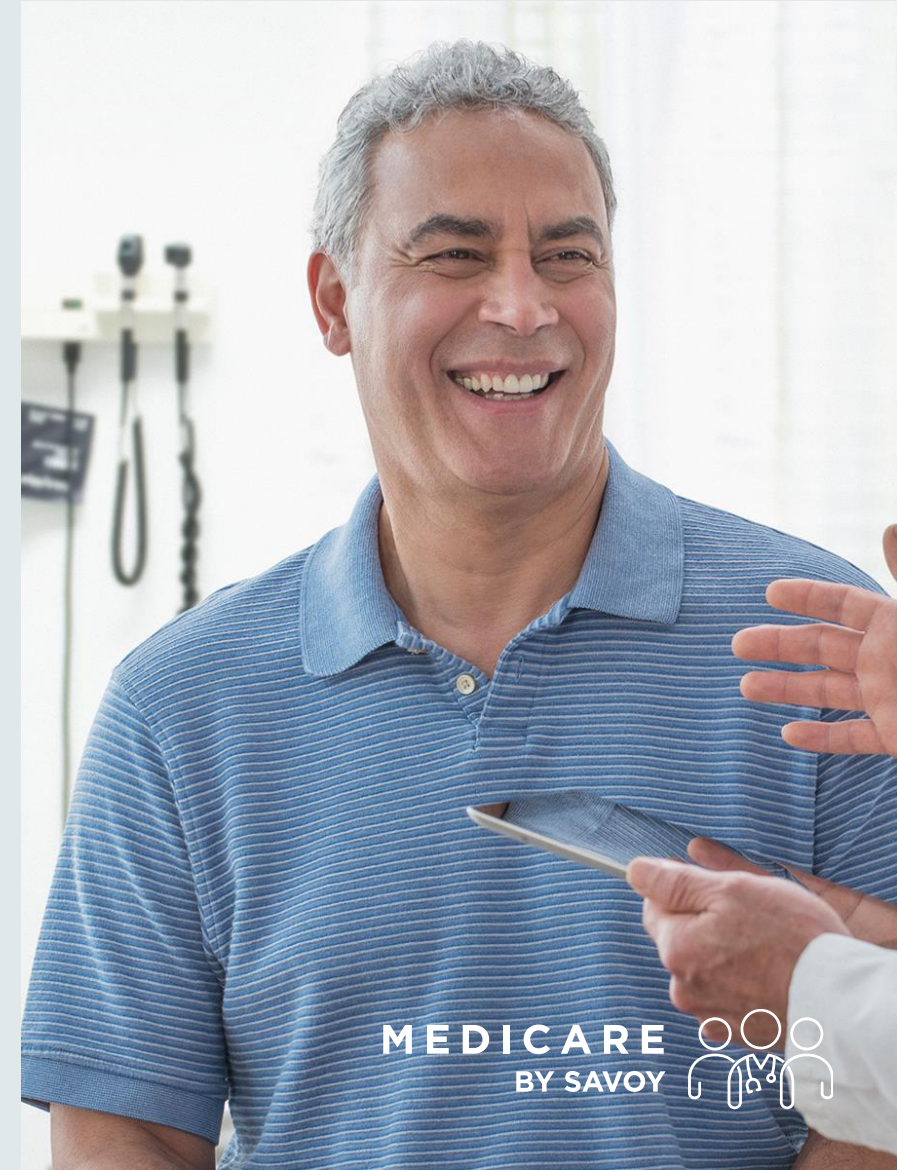
- Enrollment within 60 days of loss of other health coverage

Medical Underwriting

- Moving from one Supplemental plan to another
- Would apply if no other health insurance coverage exists within prior 60 days
- Applies if Part B is beyond 6 months and no other health insurance

Medicare Advantage (Part C)

- All-inclusive private insurance plan
- Replaces Original Medicare (Parts A and B)
- Not losing Parts A and B
- Must continue to pay Part B premium
- Benefits and services equal to or better than Original Medicare
- Often includes Rx, Dental, Vision and other value-added benefits
- Monthly premium
(\$0 premium plans often available)
- Deductibles, copayments and/or coinsurance vary by plan



M E D I C A R E 1 0 1

What is Medicare Part D?

It's Medicare Prescription Drug coverage
you get in one of two ways.

01

Combined into a Medicare Advantage
Prescription Drug (MAPD) plan

02

A stand-alone Prescription Drug Plan
(PDP), often combined with a Medicare
Supplement plan



M E D I C A R E 1 0 1

Part D

Prescription
Coverage

Your Part D Premium Goes Up With Income

| FILE INDIVIDUAL TAX RETURN | FILE JOINT TAX RETURN | FILE MARRIED & SEPARATE TAX RETURN | YOU PAY EACH MONTH (IN 2023) |
|-------------------------------|--------------------------|---------------------------------------|---------------------------------|
| \$97,000 or less | \$194,000 or less | \$97,000 or less | plan premium |
| \$97,001 to \$123,000 | \$194,001 to \$246,000 | Not Applicable | \$12.20 + plan premium |
| \$123,001 to \$153,000 | \$246,001 to \$306,000 | Not Applicable | \$31.50 + plan premium |
| \$153,001 to \$183,000 | \$306,001 to \$366,000 | Not Applicable | \$50.70 + plan premium |
| \$183,001 to \$500,000 | \$366,001 to \$750,000 | \$97,001 to \$403,000 | \$70.00 + plan premium |
| \$500,000+ | \$750,000+ | \$403,000+ | \$76.40 + plan premium |

| What should I be doing and when?

Employer coverage and turning 65

Employer coverage and over 65

- If the employer has fewer than 20 employees, you should sign up for Part A and Part B when you're first eligible.
- If the employer has 20 or more employees, you may be able to delay Part A and Part B.

| What should I be doing and when?

Other coverage or no coverage and turning 65

In most cases, if you are receiving benefits from Social Security, you will automatically get Part A and Part B when you turn 65.

No coverage and over 65

If you are over age 65, don't have Part A and B, and missed your initial enrollment, you can sign up from January 1st to March 31st and your coverage will begin, in most cases, the month after you apply. (you will incur a late enrollment penalty in this scenario).

When can I sign up or switch coverage?

| | Initial Enrollment Period (IEP) | General Enrollment Period (GEP) | Special Enrollment Period (SEP) | Annual Enrollment Period (AEP) | Open Enrollment Period (OEP) |
|------------------|--|-------------------------------------|--|------------------------------------|-----------------------------------|
| Who Needs | Turning 65 | Missed Initial Enrollment Period | Previous Employer-based Coverage | Medicare Plan Enrollees | Medicare Advantage (MA) Enrollees |
| Purpose | Enroll in Original Medicare | Enroll in Medicare Part A or Part B | Enroll in Medicare Part A or Part B | Reevaluate coverage & Make Changes | One-time change to MA Plan |
| When | 3 months before 65 th birthday through 3 months after | January 1 – March 31 | 8 months from termination of employer coverage | October 15 – December 7 | January 1 – March 31 |

A close-up photograph of a person's hand holding a silver tablet. The hand is positioned over a laptop keyboard and several sheets of paper displaying colorful financial charts and graphs. The background is blurred, showing an office setting.

MEDICARE 101

Should I Stay on a Private Plan?



- Is your employer under or over 20 employees (Medicare primary or secondary)
- Will I have an IRMAA increase?
- Compare private insurance vs. Individual Medicare (benefits, costs, network, etc)

The Size of Your Group Matters

Less Than

20

Employees

Any Medicare-eligible employee (or spouse / dependent) MUST enroll in Medicare, because by law Medicare becomes the primary coverage. If the individual does not enroll into Medicare, claims may not be paid, and they may face financial penalties due to late enrollment.

20

or more Employees

If you are currently working and coverage is through a credible employer plan, you (or spouse) may be able to delay Part A and Part B.

Less Than

100

Employees

If you (or spouse / dependent) qualifies for Medicare due to a disability, Medicare would be considered as your primary coverage.

All

Group Sizes

If your prescription drug plan is not considered creditable coverage, you may face a financial penalty after retirement. We recommend you consult your employer about creditable coverage.

COBRA VS Medicare

Generally, Medicare is primary once COBRA is elected

The exception to this is when the individual is eligible for Medicare due to End Stage Renal Disease (ESRD). In these situations, the group plan is primary for the first 30 months of the disability whether the person is on the group health plan as an employee, a dependent or on COBRA continuation.

NOTE: You may be able to keep COBRA coverage for services that Medicare does not cover such as COBRA dental, vision, etc. The insurance company that provides your COBRA coverage may allow you to drop your medical coverage but keep paying a premium for the additional coverage for as long as you are entitled to COBRA. Contact your plan for more information.



Cobra and Medicare do not coordinate well, and Cobra is expensive.

Please note, an actively working employee

who voluntarily terminates off the group plan to fully go onto Medicare is not a COBRA qualifying event for the spouse and/or dependent(s) as the event of Medicare entitlement does not cause a loss of coverage.

There are penalties for getting it wrong

Late Enrollment Fees

Part B is 10% for every 12 months
you didn't sign up

Part D is 1% of the average
Prescription Drug Plan
Part D premium per
month you didn't sign up

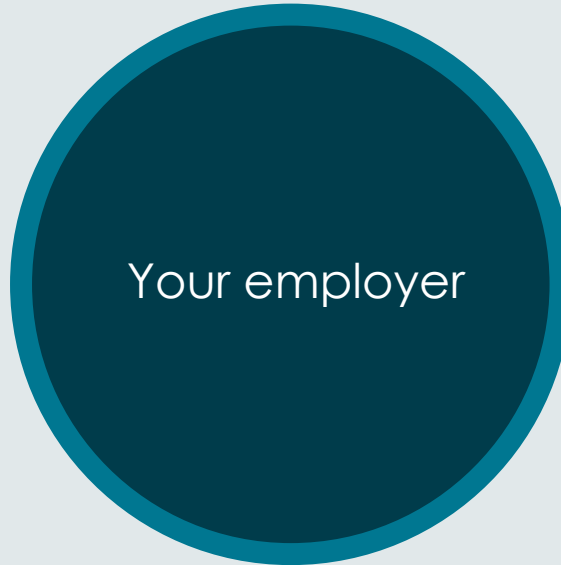
What about my dependents that are on my company's coverage?

- If you have dependents on your company's plan, you can remain on that plan.
- If you obtain a Medicare plan, your dependents would have to obtain individual coverage.

How is my employer involved?



Coordinates transition dates with you



Makes any necessary changes to your payroll deduction for health insurance.



Can put you in touch with William Daly

How to Transition from Private Insurance to Medicare (continuing working)

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)
() -

7. Written Signature (DO NOT PRINT)
SIGN HERE

8. Date Signed

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT
MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

11. Address of Witness

12. Remarks

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name

2. Date

3. Employer's Address

City

State

Zip Code

4. Applicant's Name

5. Applicant's Social Security Number

6. Employee's Name

7. Employee's Social Security Number

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)

5. When did the employee work for your company?
From: (mm/yyyy) To: (mm/yyyy) Still Employed: (mm/yyyy)

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
From: (mm/yyyy) To: (mm/yyyy)

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No

2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No

3. Date reserve hours ended or will be used? (mm/yyyy)

All Employers:

Signature of Company Official

Date Signed

Title of Company Official

Phone Number

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.



Q&A

M E D I C A R E 1 0 1

Contact Your Dedicated Broker with Questions.

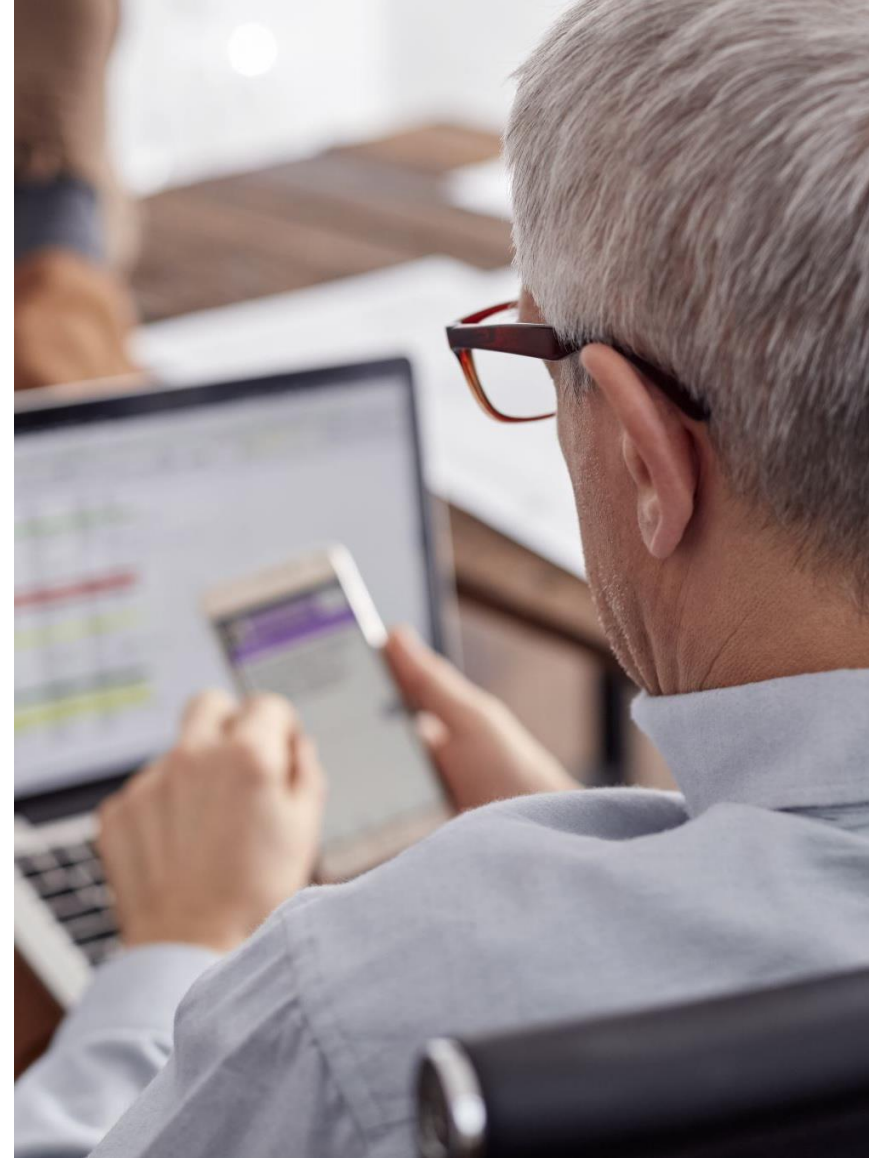
William Daly ChHC, FLMI, SHRM

Allen & Stults Co., Inc.

106 N Main Street Hightstown, NJ 08520

Main: 800-792-8660 x108

Cell: 609-213-3058



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