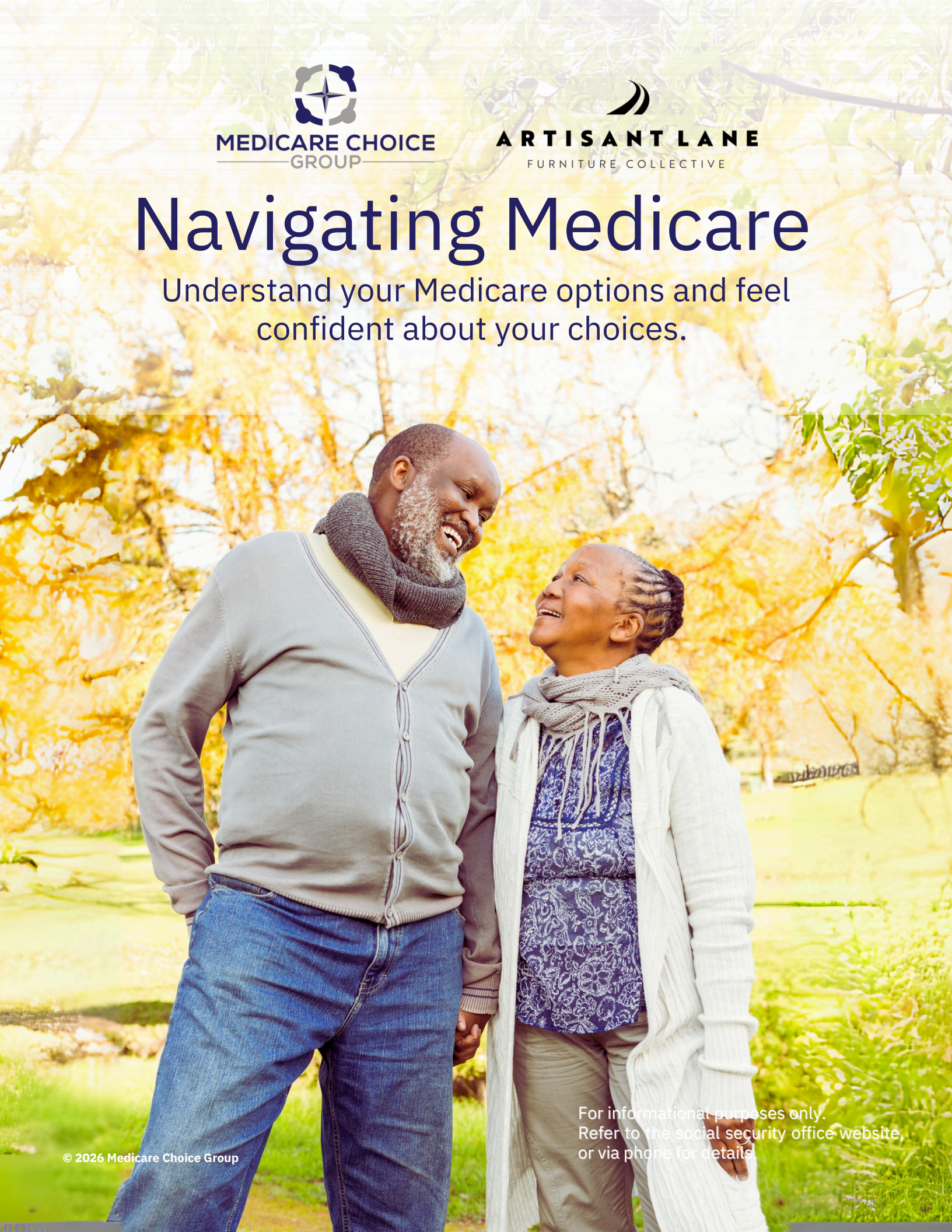
MEDICARE CHOICE GROUP

ARTISANT LANE
FURNITURE COLLECTIVE

Navigating Medicare

Understand your Medicare options and feel confident about your choices.



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For informational purposes only.
Refer to the social security office website,
or via phone for details.

THIS MEDICARE GUIDE IS BROUGHT TO YOU BY YOUR FRIENDS AT MEDICARE CHOICE GROUP

Our mission is to empower you throughout your Medicare journey with step-by-step guidance during the entire enrollment process.

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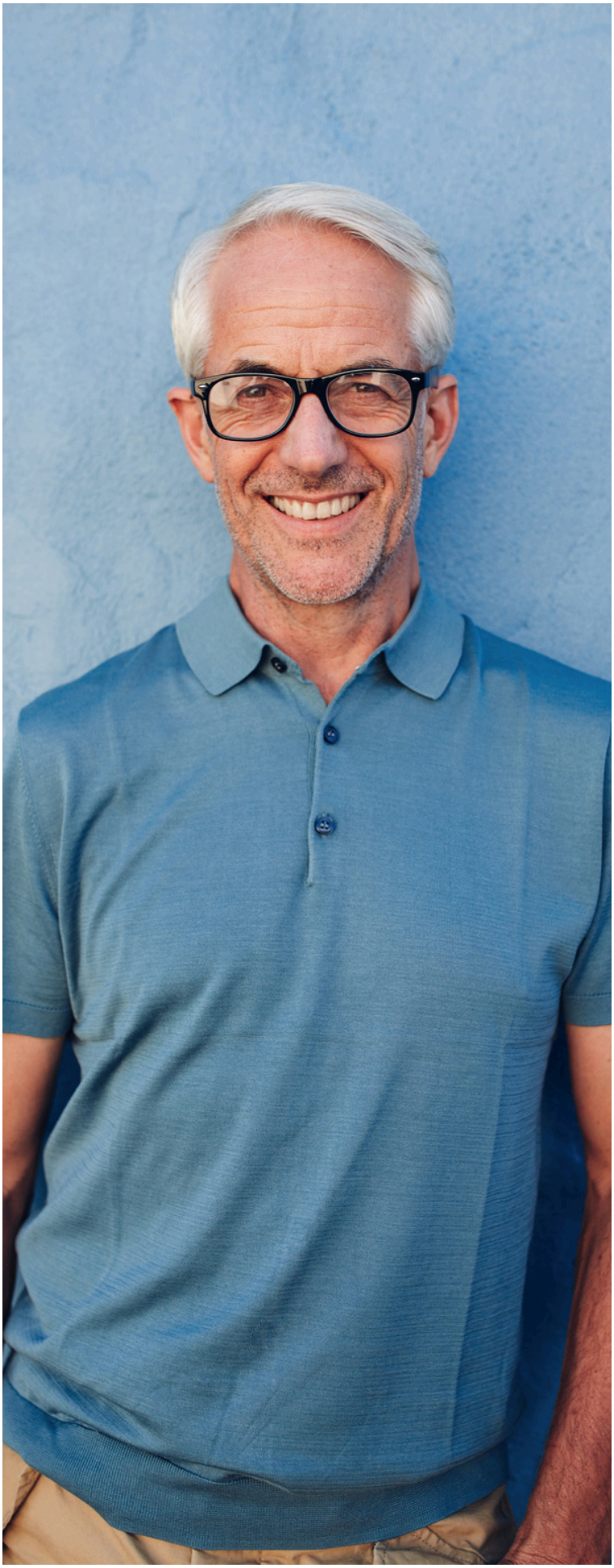

TURNING 65 IS AN IMPORTANT LIFE MILESTONE

It means you are eligible for Medicare. Whether you are retired, or actively working, you will have important decisions to make upon Medicare eligibility. These decisions have immediate and long term implications. The purpose of this guide is to provide a foundational understanding of Medicare while identifying situational factors that can affect your Medicare choices and transition timeline.

Medicare Choice Group is your trusted partner, guiding you seamlessly through this education and transition period. While the concepts of Medicare may initially appear confusing, this guidebook will explain Medicare fundamentals, provide answers to many of your questions and give you confidence to choose the optimal time to transition.

If you have questions, you can reach out to our certified Medicare advisors for assistance at any time. They will answer your questions and help guide you through the entire Medicare decision process.



CALL TO SPEAK WITH A CERTIFIED MEDICARE ADVISOR

855-970-4437

8am to 6pm ET, Monday - Friday

https://visit.medicarechoicegroup.com/artisant-lane

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WHAT YOU'LL LEARN

In this guide you will learn:

- **What is Medicare?**
- **Parts of Medicare**
- **Medicare Advantage and Medicare Supplement Plans**
- **When to Enroll**
- **Working Beyond 65**
- **How to Enroll**
- **About Medicare Choice Group**

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THERE ARE SO MANY SCENARIOS FOR WHY PEOPLE NEED HELP WITH MEDICARE.



Just turned 65 and I'm: Retiring and/or considering leaving my employer's insurance plan.



Still actively working: I'm enrolled in my employer health plan and want to know if Medicare is a better option.



I currently have a Medicare Supplement or Medicare Advantage plan and want to re-evaluate my coverage.



I am thoroughly confused about Medicare. I don't know what to think and I'm worried about all the notices I'm getting.

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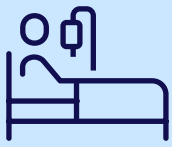
MEDICARE IS DIVIDED INTO FOUR DIFFERENT PARTS.

LET'S BREAK IT DOWN.

Medicare is a federal health insurance program for:

- People 65 years old or older
- Individuals who have been receiving disability benefits for at least 24 months
- Illnesses such as End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS)

UNDERSTANDING THE A, B, C, AND Ds OF MEDICARE



PART A
Hospital Care

Original Medicare →



PART B
Medical Care



PART C
Medicare Advantage

Offered by private insurance companies →



PART D
Prescription Drugs

Let's look at how each of these parts is designed to work for you

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PART A & B OF MEDICARE

Together, Parts A & B are known as Original Medicare, which is provided by the federal government. Coverage for Part A begins automatically if you take Social Security benefits when you turn 65. If you are still working when you turn 65 and have access to group health coverage, you can defer Part B. We'll walk you through this scenario on page 16, Working Beyond 65.



PART A — Hospital Insurance

What it covers:

- *Inpatient hospital services*
- *Skilled nursing facilities*
- *Hospice care*
- *Some home health care*

What you pay:

Part A is provided at no cost for most people who have worked at least 40 quarters in their lifetime. It's funded by the Social Security tax you and your employers have already paid. If, however, you or your spouse have paid Medicare taxes for less than 30 quarters, the standard Part A premium is $565. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is $311.



PART B — Medical Insurance

What it covers:

- *Doctor services and tests*
- *Home health services*
- *Durable medical equipment*
- *Outpatient care*
- *Preventive services*

What you pay:

Part B has a monthly premium and the amount is based on your modified adjusted gross income. See the chart on next page for a breakdown of the cost for Part B. (Amounts provided are valid through 2026).

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MEDICARE 2026 IRMAA Chart

If your yearly income in 2024 (for what you pay in 2026) was:			IRMAA Part B Monthly Premiums	IRMAA Part D Monthly Premiums
File individual tax return	**File joint tax return**	**File married & separate tax return**		
$109,000 or less	$218,000 or less	$109,000 or less	$202.90	Your premium
above $109,000 up to $137,000	above $218,000 up to $274,000	Not applicable	$284.10	$14.50 + your plan premium
above $137,000 up to $171,000	above $274,000 up to $342,000	Not applicable	$405.80	$37.50 + your plan premium
above $171,000 up to $205,000	above $342,000 up to $410,000	Not applicable	$527.50	$60.40 + your plan premium
above $205,000 up to $500,000	above $410,000 up to $750,000	above $109,000 less than $391,000	$649.20	$83.30 + your plan premium
$500,000 and above	$750,000 and above	$391,000 and above	$689.90	$91.00 + your plan premium

*Income-Related Monthly Adjustment Amount

Note: If your modified adjusted gross income is above a certain limit you may pay a Part D IRMAA. This additional amount is paid directly to Medicare, and is in addition to the premium paid to the carrier for your Part D plan. Please refer to the Part D IRMAA chart available on Medicare.gov.

PART C & D OF MEDICARE

Medicare Parts C and D are medical and prescription drug coverage plans offered by private insurers to help beneficiaries pay a portion of health care and drug costs not covered by Original Medicare including deductibles and coinsurance payments.



PART C — Medicare Advantage

What it covers:

All Original Medicare medical services, plus sometimes extra benefits like:

- *Rx Plans*
- *Dental, Hearing, Vision Coverage*
- *Fitness Memberships*

What you pay:

You may pay a monthly premium to a private insurance plan while continuing to pay a premium to the federal government for Part B.
Part C plans include an out-of-pocket maximum on covered medical costs.
Important note: You are required to have Parts A and B as well as live in the plan's service area before you can enroll in a Medicare Advantage plan.
Many Part C plans are offered at $0 premium



PART D — Prescription Drug Coverage

What it covers:

Part D covers Medicare-approved prescription drugs.

What you pay:

A standalone Part D plan can be purchased through a private health plan if combined with Original Medicare or a Medicare Supplement.

Part D programs are often included in Medicare Advantage programs.

Important note: You can only enroll in Medicare Part D if you have Part A and/or Part B coverage.

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Basic Outline of Part D Plans

DRUG DEDUCTIBLE

This is the amount you must pay each year for your prescriptions before your Medicare drug plan pays its share. Deductibles vary between Medicare drug plans. No Medicare drug plan may have a deductible more than $615 in 2026. Some Medicare drug plans don't have a deductible.

INITIAL COVERAGE PERIOD

Once you have met the drug deductible, you will then pay a copay or coinsurance for your covered medications based on the formulary tier. In 2026, all Medicare drug plans will include a $2,100 cap on what you pay out-of-pocket for prescription drugs covered by your plan.

CATASTROPHIC COVERAGE

If your out-of-pocket spending on covered drugs reaches $2,100 (including certain payments made on your behalf, like through the Extra Help program), you'll automatically get "**catastrophic coverage**." That means you won't have to pay out-of-pocket for covered Part D drugs for the rest of the calendar year.

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COVERING THE "GAPS" OF ORIGINAL MEDICARE

Medicare Supplement (or also known as Medigap) Plans are supplemental health insurance plans designed to cover services that Original Medicare only partially covers or does not cover, such as co-insurance, copayments and deductibles. Essentially, the plans cover the "gaps" between what Original Medicare pays and the total expenses.

There are a wide range of plans offered by private insurance companies and are standardized, meaning that the benefits are similar from company to company. Rates at initial purchase and annually thereafter will vary. Medicare Supplement plans do not use a provider network. You may use any provider that accepts Medicare. The plans are identified using letters of the alphabet. The Medicare Supplement plans currently on the market are Plans A, B, C, D, F, high deductible F, G, high deductible G, K, L, M, & N.

The chart below shows basic information about the different benefits that the Medigap plans cover.

Plan Benefits	A	B	C[4]	D	F[4]	F_{HD}[1,4]	G	G_{HD}[1]	K	L	M	N[3]
Part A – Basic Benefits, Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B – Coinsurance & Copayments	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓*
Part A – Hospital Deductible	•	✓	✓	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B – Medical Deductible	•	•	✓	•	✓	✓	•	•	•	•	•	•
Part B – Excess Charges	•	•	•	•	✓	✓	✓	✓	•	•	•	•
Preventive Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Foreign Travel Emergency	•	•	80%	80%	80%	80%	80%	80%	•	•	80%	80%
Skilled Nursing Facility Co-pay	•	•	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospice Care Coinsurance of Copayments	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Out-of-Pocket Annual Limit	N/A	N/A	N/A	N/A	N/A	Annual Ded $2,950	N/A	N/A	$8,000	$4,000	N/A	N/A

1. Plans F & G offers a high-deductible plan. If you choose this option, this means that you must pay for Medicare covered costs up to the deductible amount of $2,950 (2026) before your Medigap plan pays anything.
2. After you meet your out-of-pocket limit and your yearly Part B deductible ($283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.
3. Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to $50 copayment for emergency room visits that don't result in an inpatient admission.
4. Plan F, High Deductible Plan F & Plan C are ONLY available to those who were considered Medicare-eligible prior to 2020.

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MEDICARE SUPPLEMENT PLANS VS MEDICARE ADVANTAGE

	Medicare Supplement Insurance plans	Medicare Advantage plans
Doctors and hospitals	You can select your doctors and hospitals as long as they accept Medicare reimbursement.	You may be required to use doctors and hospitals in the plan network.
Referrals	You can see specialists without referrals.	You may need referrals and may be required to use network specialists.
Network	No network restrictions. Coverage goes with you across the United States.	You may have network restrictions. Emergency care is covered for travel within the United States and sometimes abroad.
Enrolling	You can apply to buy a Medicare supplement plan any time after you turn 65 and join Medicare Part B. Medical underwriting may apply.	Generally there are specific periods during the year when you can enroll or switch to another Medicare Advantage plan.
Costs	You pay a monthly plan premium in addition to your Part B Premium. When you use services your out-of-pocket costs are limited.	Generally you pay a low or $0 monthly plan premium in addition to your Part B premium. When you use services, you pay co-pays, co-insurance and deductibles.
Prescription drug coverage	Prescription drug coverage is not included. Consider also purchasing a Medicare Part D plan.	Prescription drug coverage is included with most plans.

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WHEN IS THE BEST TIME TO ENROLL IN MEDICARE? AND, SHOULD YOU?

You're eligible to enroll in Original Medicare at age 65—earlier if you're disabled or have End-Stage Renal Disease.

You'll automatically be enrolled in Medicare Part A if you're receiving Social Security benefits or railroad retirement checks. If not, you may need to enroll yourself.

You have an opportunity to enroll in Medicare Part B during your Initial Enrollment Period (IEP). If you don't enroll then, you may have to pay a late enrollment penalty. Your monthly premium will increase 10% for each 12-month period you were eligible for Part B but did not enroll. You will be responsible to pay this Part B late enrollment penalty each month that you remain enrolled in Part B.

If you have medical coverage through an employer group health plan based on your current or past employment, you may not need to sign up for Medicare Part B at age 65. You will qualify for a Special Enrollment Period (SEP) allowing you to sign up for Part B at a later date.

Contact us to find out how your current group health plan coverage works with Medicare.



WHAT ARE THE ENROLLMENT PERIODS FOR MEDICARE?

IEP INITIAL ENROLLMENT PERIOD

The Initial enrollment period begins 3 months before your 65th birthday and ends 3 months after you turn 65. In case you are not enrolled automatically, contact Social Security about 3 months prior to your 65th birthday if you chose to enroll in Medicare



If you are still working and are covered under a group plan you can pospone your Medicare enrollment without incurring a penalty for late enrollment.

GEP GENERAL ENROLLMENT PERIOD

The GEP is January 1- March 31 each year. Coverage will start the month after the beneficiary enrolls. If you do not sign up for Medicare when you are first eligible, or do not qualify for a Special Enrollment Period (SEP) you can sign up for Part A and/or Part B during the General Enrollment Period (GEP).

SEP SPECIAL ENROLLMENT PERIODS

Transitioning to Medicare from employer group coverage?

If you are covered under a group health plan based on current employment, you can sign up for Part A and/or Part B without a penalty within 8 months of the date employment ends or the group health plan coverage ends, whichever comes first.

Important Note: If your employer has less than 20 employees, and you did not sign up for both Part A and Part B during your Initial Enrollment Period, your employer group health plan could require you pay for services that Medicare would have paid had you been enrolled. This is known as the Secondary Payer Policy which leaves you with increased financial responsibility for claims until your Medicare enrollment is complete.

COBRA coverage is not considered creditable as group health plan coverage. You will be subject to Part B late enrollment penalties if you delay your Medicare Part B enrollment to remain covered under COBRA. It is important to sign up for Medicare before your employment ends or you lose coverage.

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MEDICARE TRANSITION TIMELINE

6 MONTHS BEFORE YOU TURN 65

- Familiarize yourself with the basic cost and rules of Medicare.
- If you are still working, work with Medicare Choice Group to analyze your Medicare cost equation to determine whether enrollment is optimal.
- If you are still working but plan to retire in the next year, ask your employer about your options for health benefits once you retire.

3 MONTHS BEFORE YOU TURN 65

- Begin the process of electing Medicare Part A and/or Part B if you intend to join a Medicare health plan when you turn 65.
- Think about benefits that are important to your specific health care needs.
- Compare plans available to you in your area.
- Decide on a plan that best fits your health care needs.

1-2 MONTHS BEFORE YOU TURN 65

- Work with Medicare Choice Group to finalize your Medicare health plan choice and enroll.



WORKING PAST THE AGE OF 65?

Now more than ever, individuals eligible for Medicare are delaying retirement opting to stay in the workforce. If you intend to keep working and are currently covered under your employer group health plan, you still have Medicare options, but need to weigh multiple factors before making a transition decision.

OPTION 1

Enroll during IEP

Sign up for Medicare Part A and/or Part B and disenroll from your employer group coverage.

OR

OPTION 2

Defer your enrollment

Because you have coverage as an active employee, you may wait to enroll in Medicare. Be sure to review Medicare plans vs your employer group coverage plans before making your final decision.

SMALL GROUP EMPLOYER (<20 employees)

If you're an active employee and 65+ years of age at a small business, Medicare is required to be your primary health coverage.

What you need to do:

- You will need to enroll in Medicare Parts A and B.
- Your employer coverage will pay secondary to Medicare.
- You can consider enrolling with a Medicare Supplement and Part D or Medicare Advantage plan with Prescription Drug coverage to replace your employer based plan.

LARGE GROUP EMPLOYER (20+ employees)

If you're an active employee and 65+ at an organization larger than 20 employees, your employer group plan will be your primary health coverage unless you transition to Medicare.

What you should consider:

- You may defer Medicare enrollment until you're no longer an active employee or covered by your employer group plan.
- You can explore Medicare options in place of your employer group plan to determine if Medicare is optimal from a benefit and financial perspective.
- This scenario also applies if you are covered as a spouse under a large group employer health plan.

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HOW TO ENROLL IN MEDICARE PARTS A AND B

BY PHONE

Call Social Security toll free at 1-800-772-1213.

ONLINE

www.ssa.gov (forms can be printed and mailed in or you can apply online)

IN PERSON

Visit your local Social Security office

WHERE CAN I GET BASIC INFORMATION ABOUT MEDICARE?

Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048

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KNOW YOUR MEDICARE OPTIONS

We empower you to make your Medicare decisions confidently.

We hope you have found this information useful and insightful. Your health and peace of mind are essential, which is why simplifying your path to Medicare is our mission.

Our certified Medicare advisors guide you through every step of the Medicare decision process and enrollment, including:

- Assessing your specific healthcare needs and circumstances
- Analyzing your Medicare cost-equation to determine whether Medicare provides a better value as compared to your employer group health plan.
- Planning your Medicare transition timeline and exploring available plan options in your area.
- Navigating your every step throughout the enrollment process.

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