Guide to the

RETIREMENT YOU DESERVE

See what's included:

- Turning 65? You don't have to navigate Medicare alone
- Health Insurance for Retirement – Buyer's Worksheet
- Preventive Care Checklist
- Federal and State Resources
- Glossary

Physicians Mutual®

Insurance for all of us.®

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Guide to the

RETIREMENT YOU DESERVE

Turning 65? You don't have to navigate Medicare alone

When it comes to Medicare, there are deadlines to meet and decisions to be made. You want to make sure you make the choices right for you, so you can have the retirement you deserve. The good news is, you don't have to figure it out on your own.

Health Insurance for Retirement – Buyer's Worksheet

Insurance can help fill out-of-pocket health care expenses you may have in retirement. To help you compare your options, use this worksheet with nine important questions to ask when you're shopping for insurance.

Preventive Care Checklist

Bring this checklist to your doctor and ask which services may be right for you. Getting the preventive care you need today can help you enjoy a healthier retirement.

Federal and State Resources

Keep this list of contacts handy for help with Medicare, Social Security and more.

Glossary

Use this reference to find the meaning of common terms used with Medicare and Medicare Supplement insurance.

Questions? Give us a call at
1-800-617-1730

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Turning 65?

You don't have to navigate Medicare alone

If you'll be turning 65 soon, congratulations! With this landmark birthday come many new and exciting opportunities. It also means your Medicare eligibility – and the important deadlines that come with it – are just around the corner. But even in the best of times, without the distraction of unforeseen challenges, it can be easy to overlook these deadlines.

Take a deep breath – and take time now to learn about your Medicare options and deadlines. That way, you can be sure to avoid any late enrollment penalties and – just as importantly – feel empowered to make the best health care choices, so you can have the retirement you deserve.

The basics of Medicare

People new to Medicare sometimes think it's free and that it'll cover all their health care when they retire. But, that's not the case. Here's a high-level look at Medicare:

The first time you can sign up for Medicare is during your **Initial Enrollment Period**, a seven-month window that includes the month you turn 65, plus the three months before and after.

Part A helps cover inpatient hospitalization, and usually has no premiums. If you're eligible, and you aren't automatically enrolled, you can sign up by contacting the Social Security Administration.

Part B is your medical coverage. It helps pay for things like doctors' visits, outpatient procedures and emergency room visits. There's a monthly premium. The best time for you to sign up for Part B depends on your situation. If you're planning to work past age 65, check with Medicare.gov.

Part C is Medicare Advantage, an alternative to traditional Medicare (see next page).

Part D is prescription drug coverage, which you're entitled to enroll in if you have Parts A or B. There's a monthly premium. Even if you don't take any medications today, you may want to sign up to avoid a late enrollment penalty. If your prescriptions change, you can switch your plan once a year during **Open Enrollment (October 15-December 7)**.

Turning 65?

You don't have to navigate Medicare alone

continued

Medicare Supplement and Medicare Advantage
These terms are sometimes used interchangeably in the marketplace, but that's incorrect. They're very different from each other:

Medicare Supplement insurance (also called Medigap) is coverage many people buy to help fill in the gaps left by Medicare, which covers about 80% of your Part B services. You can get Medicare Supplement insurance only if you're enrolled in Medicare.

During your Medicare Supplement Open Enrollment Period, you can't be excluded from buying a Medigap insurance policy for preexisting conditions, and you can't be charged a higher premium. As long as you continue the coverage by paying the premiums, your insurance policy is guaranteed renewable for the rest of your life.

Medicare Advantage (Part C or MA Plan) is the alternative to Medicare, meaning you surrender Parts A and B. It's offered by private insurers to provide comparable services to Medicare, and generally includes prescription drug coverage.

MA plans typically have lower premiums than the Part B/Part D/Medigap combination, but higher co-payments and more restrictions, such as provider networks. This coverage can change from year to year, doctors can leave a network at any time, or it could be discontinued. MA plans aren't guaranteed renewable, so coverage can be canceled by plan administrators.

An important decision you don't have to make alone
The decision you make about your health care coverage in retirement can affect you for the rest of your life. That can be nerve-wracking. A recent study of people approaching retirement who aren't yet enrolled in Medicare showed that a leading fear they have about this transition is that they'll make the wrong choice for their health coverage.

No matter where you're at in your retirement journey, there's one thing you can count on: You don't have to navigate Medicare alone. Licensed insurance agents who specialize in Medicare can help you understand the program and options — and help ensure you don't miss a deadline. And, thanks to technology, many agents can help guide you remotely if you prefer.

Health Insurance for Retirement

Buyer's worksheet

Insurance can help cover out-of-pocket health care expenses you may have in retirement. The decision of which insurance company to go with can come down to the company's **reliability, financial strength** and **customer service**.

To help you compare your options, here are some important questions to ask when shopping around for insurance.

	Company Name: _____	**Company Name:** _____	**Company Name:** _____
What are the company's financial strength ratings according to leading insurance analysts?	A. M. Best: _____ Weiss Ratings: _____	A. M. Best: _____ Weiss Ratings: _____	A. M. Best: _____ Weiss Ratings: _____
How long has the company been selling insurance?			
How is the premium determined?			
Does the company offer any discounts?			
Does the company offer any rate guarantees?			
How much is the monthly premium?			
On average, how long does the company take to pay a claim?			
Does the company offer a personal, dedicated agent who can answer your questions, or an 800 number?			
Does the company offer insurance options to help fill any other retirement gaps you may have?			

Preventive Care Checklist

Take care of yourself today — so you can enjoy a healthier retirement

Bring this checklist to your doctor and ask which services are right for you.

- ❍ One-Time "Welcome to Medicare" Preventive Visit
- ❍ Yearly "Wellness" Visit
- ❍ Abdominal Aortic Aneurysm Screening
- ❍ Alcohol Misuse Screening and Counseling
- ❍ Bone Mass Measurement (bone density)
- ❍ Breast Cancer Screening (mammogram)
- ❍ Cardiovascular Disease (behavioral therapy)
- ❍ Cardiovascular Disease Screening
- ❍ Cervical and Vaginal Cancer Screening
- ❍ Colorectal Cancer Screenings
  - ❑ Multi-Target Stool DNA Test
  - ❑ Fecal Occult Blood Test
  - ❑ Flexible Sigmoidoscopy
  - ❑ Colonoscopy
  - ❑ Barium Enema
- ❍ Depression Screening
- ❍ Diabetes Screening
- ❍ Diabetes Self-Management Training
- ❍ Flu Shots
- ❍ Glaucoma Tests
- ❍ Hepatitis B Shots
- ❍ Hepatitis C Screening Test
- ❍ HIV Screening
- ❍ Lung Cancer Screening
- ❍ Medical Nutrition Therapy Services
- ❍ Obesity Screening and Counseling
- ❍ Pneumococcal Shot
- ❍ Prostate Cancer Screening
- ❍ Sexually Transmitted Infections Screening and Counseling
- ❍ Tobacco Use Cessation Counseling (counseling for people with no sign of tobacco-related disease)

These are additional preventive services Medicare Part B does not pay for. If interested, work with your doctor or dentist to personalize your own preventive health care plan.

- ❍ Physical Exams
- ❍ Hearing Exams
- ❍ Regular Dental Exams
- ❍ Refractive Eye Exams
- ❍ Shingles (Zoster) Vaccine*
- ❍ TDAP Vaccine*
- ❍ Any preventive services performed more frequently than Medicare Part B's requirements

*Medicare Part D may offer some coverage

To learn more about these services that may be available to you at no cost, visit www.medicare.gov. You can also call 1-800-MEDICARE (1-800-633-4227).

Federal and State Resources

Important contacts

Medicare

For questions about Medicare or for personal help in choosing the coverage that is right for you:

- Call 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048.
- Visit Medicare.gov, the official Medicare website.
- Login to MyMedicare.gov, a free, secure online service for accessing personalized information regarding your Medicare benefits and services.
- Read "Medicare & You," the official Medicare handbook that includes information on Parts A, B, C and D.

Social Security Administration

If you have questions about eligibility and enrollment in Medicare, Social Security retirement benefits, and/or low-income assistance for a Part D plan, call 1-800-772-1213 or TTY 1-800-325-0778.

Your State's Medical Assistance or Medicaid office (in California, Medi-Cal office)

If you have questions about your state's Medicaid program, call Medicare and ask for the phone number for your state's Medical Assistance or Medicaid (in California, Medi-Cal) office.

Your State's Health Insurance Assistance Program (SHIP)

For help with questions about buying insurance, choosing a health plan, and your rights and protections under Medicare, visit shiptacenter.org or call Medicare and ask for the phone number for your state's Health Insurance Assistance Program's office.

Your health plan's customer service center

For help with your existing health coverage, call the phone number on your identification card.

Information from: Medicare.gov and the *Medicare & You* handbook, 2021

Glossary

Common terms

Affordable Care Act: The Patient Protection and Affordable Care Act (PPACA/ACA) is a federal law passed in 2010. The ACA aims to reform the United States' health care industry and make health insurance more widely available.

Beneficiary: A person who has health care insurance through the Medicare or Medicaid programs.

Carrier: A private company that has a contract with Medicare to pay your Part B bills.

Centers for Medicare & Medicaid Services (CMS): The Federal agency that runs the Medicare program. In addition, CMS works with the states to run the Medicaid program. CMS works to make sure the beneficiaries in these programs are able to get high-quality health care.

Coinsurance: The percentage of the plan charge for services you may have to pay after you pay any plan deductibles. Usually, the payment is a percentage of the cost of the service (like 20%).

Co-payment (co-pay): The cost for medical care you pay yourself. Usually, the co-payment is a pre-determined dollar amount you pay each time you utilize a particular service (like $10 each time you fill a prescription or $20 each time you visit your doctor).

Creditable drug coverage: Prescription drug coverage (like from an employer or union) that is, on average, at least as good as the Part D standard prescription drug coverage.

Deductible: The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B and Part D. These amounts can change every year.

Disenroll: Ending your coverage with a health plan.

Durable Medical Equipment (DME): Reusable medical equipment, such as walkers, wheelchairs or hospital beds, that is ordered by a doctor for use in the home. DME is paid for under both Part A and Part B for home health services.

Gaps: Costs or services that are not covered under Medicare Parts A and B.

Group health plan: Insurance that provides health coverage to employees and their families, and is supported by an employer or employee organization.

Guaranteed issue rights: Rights you have in certain situations when insurance companies are required by law to sell or offer you coverage. The company can't deny you coverage or place conditions on an insurance policy, must cover you for all old health problems, and can't charge you more because of past or present health problems.

Health Maintenance Organization (HMO): A type of Medicare Advantage plan in which a group of providers agrees to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. You usually get your care from the providers in the plan.

Intermediary: A private company that has a contract with Medicare to pay Part A and some Part B bills.

Managed care plan: A health plan that contracts with health care providers to offer care at lower costs. Plans must cover all Part A and Part B health care. Some also cover extra benefits, like additional days in the hospital. Your costs may be lower than in Medicare Parts A and B.

Medicaid (in California, **Medi-Cal**): A joint Federal and state program that helps with medical costs for some people with low incomes and limited resources. Programs vary by state, but most medical costs are covered if you qualify for both Medicare and Medicaid.

Glossary

Common terms *continued*

Medically necessary: Services or supplies that are proper and needed for the diagnosis or treatment of your medical condition; are provided for the diagnosis, direct care and treatment of your medical condition; meet the standards of good medical practice in the local area; and aren't mainly for the convenience of you or your doctor.

Medicare: The Federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant).

Medicare Advantage Plan (MA): A Medicare Part C program that allows you to choose private health plans to help provide your health care. Everyone who has Part A and Part B is eligible, except those with End-Stage Renal Disease (unless certain exceptions apply).

Medicare-approved amount: The fee Medicare sets as reasonable for a covered medical service. This is the amount a doctor or supplier is paid by you and Medicare for a service or supply. It may be less than the actual amount charged by a doctor or supplier. The approved amount is sometimes called the "approved charge."

Medicare Supplement insurance: A Medigap insurance policy sold by private insurance companies to supplement some of the "gaps" in Medicare coverage. There are 10 standardized plans (except in Minnesota, Massachusetts and Wisconsin). Medigap policies only work with Medicare Parts A and B.

Network: A group of doctors, hospitals, pharmacies and other health care experts contracted or hired by a health plan to take care of its members.

Out-of-pocket costs: Health care costs you must pay on your own because they are not covered by Medicare or other insurance.

Preferred Provider Organization (PPO): A type of Medicare Advantage plan in which you use providers that belong to the network. You can use providers outside of the network for an additional cost.

Preventive services: Health care to keep you healthy or to prevent illness (for example, Pap tests, pelvic exams, flu shots, mammograms and other screenings).

Private Fee-for-Service Plan (PFFS): A type of Medicare Advantage plan in which you use providers that belong to the network (unless certain exceptions apply). The health plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more or less for Medicare-covered benefits. You may have extra benefits Medicare Parts A and B don't include.

Provider: A doctor, hospital, health care professional or health care facility.

Referral: A written okay from your primary care doctor for you to see a specialist or get certain services. In many Managed Care plans, you need a referral before you can get care from anyone except your primary care doctor. If you don't get a referral, the plan may not pay for your care.

Service area: The area where a health plan accepts members. For plans that require you to use their doctors and hospitals, it is also the area where services are provided. A plan may disenroll you if you move out of its service area.

Questions? Give us a call at **[1-800-617-1730]**

Information from: Medicare.gov and the *Medicare & You* handbook, 2021

Information from:

Turning 65: You don't have to navigate Medicare alone

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"Deciding Whether to Enroll in Medicare Part A and Part B When You Turn 65," Centers for Medicare & Medicaid Services, cms.gov, accessed May 4, 2020

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