

Medicare



ICBN

INDEPENDENT COMMUNITY BROKER NETWORK



Mastering Medicare - Course 2:

Medicare Supplement & Prescription Drug Plans



ICBN

myicbn.com

888-341-4314

STEP 1 SIGN UP FOR ORIGINAL MEDICARE



Part A
Federal Government
Inpatient Hospital Care



Part B
Federal Government
Outpatient Care & Doctor Visits

STEP 2 SELECT AN OPTION FOR ADDITIONAL COVERAGE

OPTION 1



MEDICARE SUPPLEMENT
Private Insurance Company
Secondary coverage for
Out-of-Pocket Medicare costs

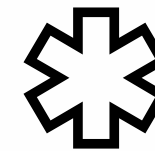


MEDICARE PART D PLAN
Private Insurance Company
Prescription Drug Coverage

OR

OPTION 2

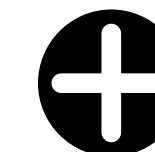
MEDICARE ADVANTAGE
Private Insurance Company



Part C
Combination of Part A
& Part B coverage



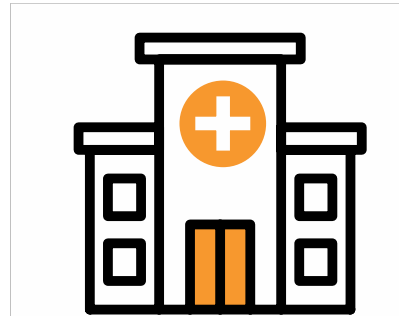
Part D
Some plans include
prescription drug coverage



May offer benefits not
covered by Original Medicare

What's Covered?

OPTION 1



MEDICARE SUPPLEMENT
Private Insurance Company
Secondary coverage for
Out-of-Pocket Medicare costs



MEDICARE PART D PLAN
Private Insurance Company
Prescription Drug Coverage

Medicare Enrollment

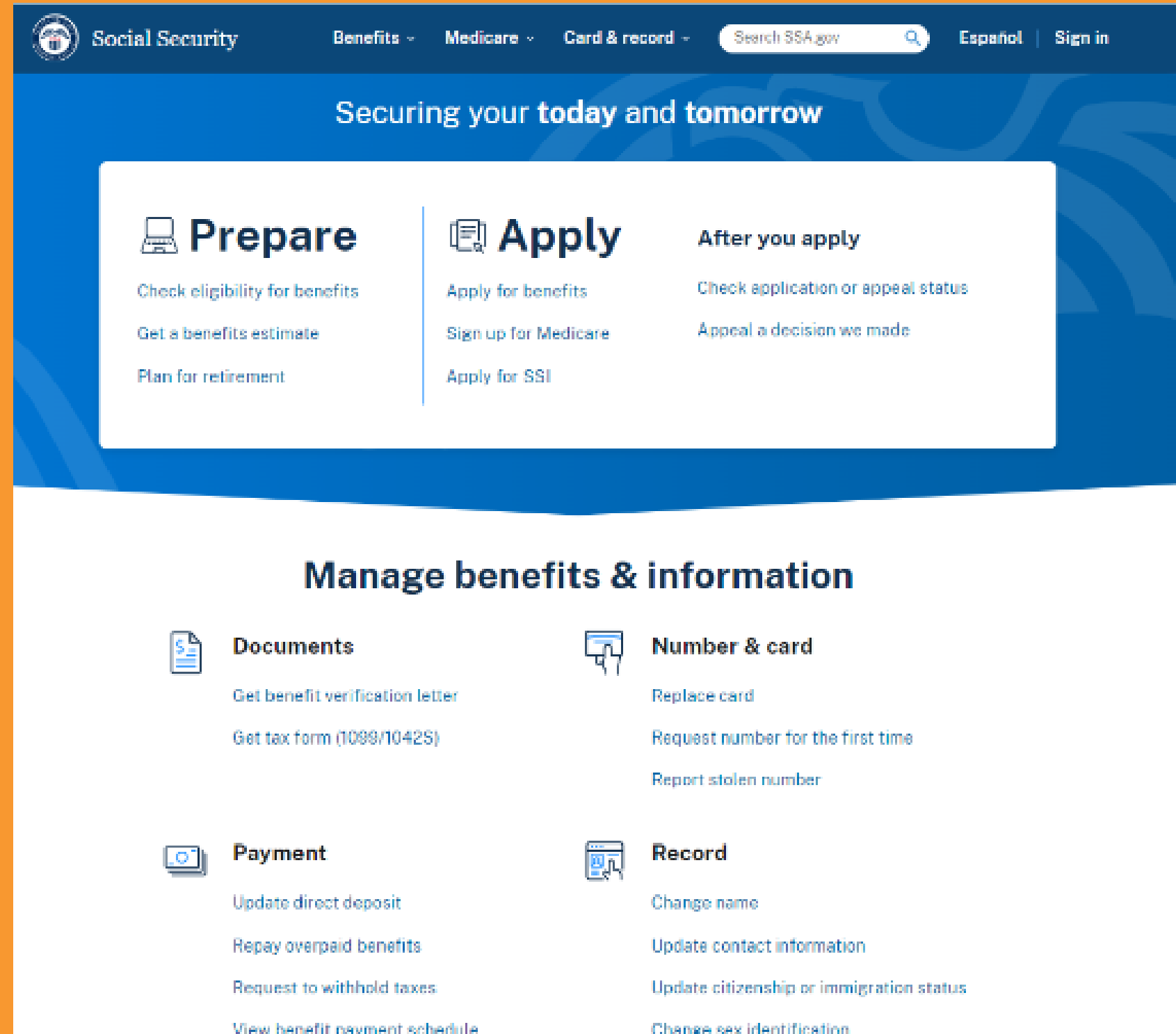
If you're already receiving Social Security benefits or the Railroad Retirement Board (RRB), you'll automatically be enrolled in Medicare Parts A & B. You DO NOT need to enroll online.

If you're NOT receiving Social Security benefits, you need to have a My Social Security online account to submit a Medicare application.

To enroll in Medicare online, you need 40+ quarters of work history. If you don't have 40+ quarters, you may potentially enroll through your (ex) spouse's work record.

You can submit enrollment for Medicare up to 3-months prior to your 65th birth month.

Medicare start dates are always the 1st of the month (i.e. 1st of birthday month)

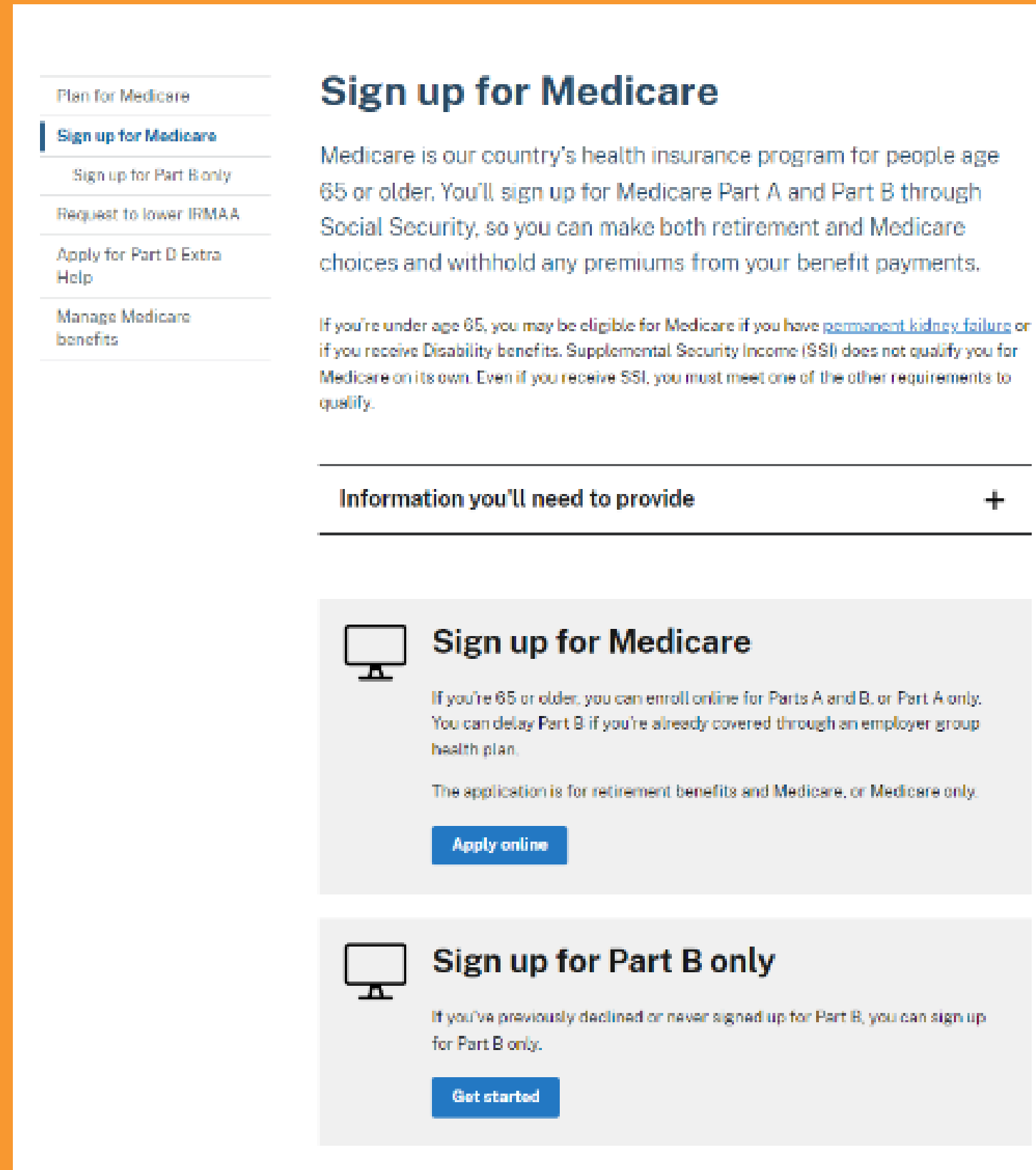


The screenshot shows the Social Security Administration website interface. At the top, there is a navigation bar with 'Social Security', 'Benefits', 'Medicare', and 'Card & record' menus, along with a search bar and 'Español' and 'Sign in' links. Below the navigation bar is a header with the text 'Securing your today and tomorrow'. The main content area is divided into three columns: 'Prepare', 'Apply', and 'After you apply'. The 'Prepare' column includes 'Check eligibility for benefits', 'Get a benefits estimate', and 'Plan for retirement'. The 'Apply' column includes 'Apply for benefits', 'Sign up for Medicare', and 'Apply for SSI'. The 'After you apply' column includes 'Check application or appeal status' and 'Appeal a decision we made'. Below this is a section titled 'Manage benefits & information' with four sub-sections: 'Documents' (Get benefit verification letter, Get tax form (1099/1042S)), 'Number & card' (Replace card, Request number for the first time, Report stolen number), 'Payment' (Update direct deposit, Repay overpaid benefits, Request to withhold taxes, View benefit payment schedule), and 'Record' (Change name, Update contact information, Update citizenship or immigration status, Change sex identification).

Medicare Enrollment

Medicare Enrollment

1. Go to <https://www.ssa.gov/medicare/sign-up>
Select **Sign up for Medicare** “Apply online”



The screenshot shows the Medicare sign-up page with a navigation menu on the left and main content on the right. The navigation menu includes: Plan for Medicare, Sign up for Medicare (highlighted), Sign up for Part B only, Request to lower IRMAA, Apply for Part D Extra Help, and Manage Medicare benefits. The main content area has a heading 'Sign up for Medicare' followed by a paragraph explaining Medicare eligibility. Below this is a section titled 'Information you'll need to provide' with a plus sign. There are two main options for signing up: 'Sign up for Medicare' (with an 'Apply online' button) and 'Sign up for Part B only' (with a 'Get started' button).

Plan for Medicare

Sign up for Medicare

Sign up for Part B only

Request to lower IRMAA

Apply for Part D Extra Help


Manage Medicare benefits

Sign up for Medicare

Medicare is our country's health insurance program for people age 65 or older. You'll sign up for Medicare Part A and Part B through Social Security, so you can make both retirement and Medicare choices and withhold any premiums from your benefit payments.

If you're under age 65, you may be eligible for Medicare if you have [permanent kidney failure](#) or if you receive Disability benefits. Supplemental Security Income (SSI) does not qualify you for Medicare on its own. Even if you receive SSI, you must meet one of the other requirements to qualify.

Information you'll need to provide +




Sign up for Medicare

If you're 65 or older, you can enroll online for Parts A and B, or Part A only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

[Apply online](#)



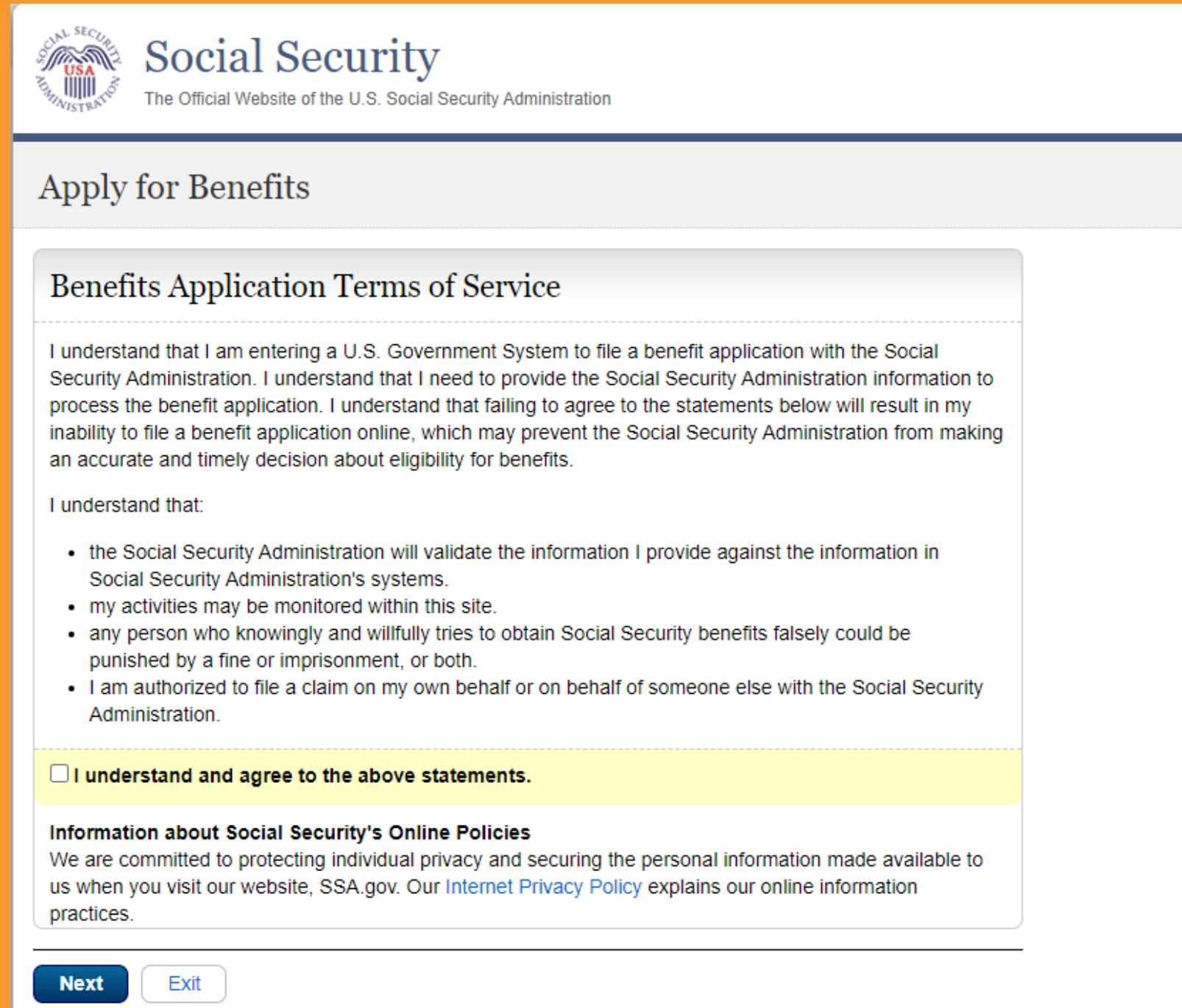
Sign up for Part B only


If you've previously declined or never signed up for Part B, you can sign up for Part B only.

[Get started](#)

Medicare Enrollment

2. Agree to Terms of Service



 **Social Security**
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Benefits Application Terms of Service

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

I understand and agree to the above statements.

Information about Social Security's Online Policies
We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our [Internet Privacy Policy](#) explains our online information practices.

Next

Medicare Enrollment

3. Collect basic Information about yourself.

- Social Security number
- Where you were born (city, state, country)

Health insurance information

- Start and end dates for any current group health plans
- Start and end dates for any group health plans after age 65

For Part B only

- Valid email address
- Your existing Medicare number



Checklist for Online Medicare, Retirement, & Spouses Applications

The information below will help you gather the information you may need to create a *my* Social Security account and complete the online Medicare, Retirement, and Spouse's applications. We recommend you print this page to use while gathering your information.

Create a *my* Social Security Account

You are required to login to your existing *my* Social Security account, or attempt to create one. To create an account, we will ask you a series of identity questions for verification. You may want to have certain items on hand to be prepared for additional security questions, such as, but not limited to: mobile phone (for the purpose of receiving texts and emails), credit card, W-2, and tax forms.

File for Benefits Online – The Information You Need	Medicare Only	Retirement & Spouses
Date and Place of Birth If you were born outside the United States or its territories: <ul style="list-style-type: none"> • Name of your birth country at the time of your birth (it may have a different name now) • Permanent Resident Card number (if you are not a U.S citizen) 	X	X
MEDICAID Number (State Health Insurance) - Start and End Dates	X	
Current Health Insurance <ul style="list-style-type: none"> • Employment start and end dates for the current employer (of you or your spouse) who provides your health insurance coverage through a Group Health Plan • Start and end dates for the Group Health Insurance provided by you (or your spouse's) current employer 	X	
Marriage and Divorce <ul style="list-style-type: none"> • Name of current spouse • Name of prior spouse (if the marriage lasted more than 10 years or ended in death) • Spouse(s) date of birth and SSN (optional) • Beginning and ending dates of marriage(s) • Place of marriage(s) (city, state or country, if married outside the U.S.) 		X
Names and Dates of Birth of Children Who: <ul style="list-style-type: none"> • Became disabled prior to age 22, or • Are under age 18 and are unmarried, or • Are aged 18 to 19 and still attending secondary school full time 		X
U.S. Military Service <ul style="list-style-type: none"> • Type of duty and branch • Service period dates 		X
Employer Details for Current Year and Prior 2 Years (not self-employment) <ul style="list-style-type: none"> • View your Social Security Statement online at www.socialsecurity.gov/myaccount • Employer name • Employment start and end dates 		X
Self-Employment Details for Current Year and Prior 2 Years <ul style="list-style-type: none"> • View your Social Security Statement online at www.socialsecurity.gov/myaccount • Business type • Total net income 		X
Direct Deposit - Domestic bank (USA) <ul style="list-style-type: none"> • Account type and number • Bank routing number 		X
Direct Deposit - International bank (non-USA) <ul style="list-style-type: none"> • International Direct Deposit (IDD) bank country • Bank name, bank code, and currency • Account type and number, branch/transit number 		

Medicare Enrollment

4. Start new application or return to a saved application in progress



Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits OMB No. 0960-0618
Paperwork Reduction Act

Please Note:
We will ask you to create or sign in to your [my Social Security](#) account when you start the application. You will receive an additional Terms of Service if you need to create an account.

Apply Online for Retirement/Medicare Benefits

Getting Ready
Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the requirements to apply online for Retirement/Medicare;
2. Gather all of the information you need to complete the application process.

Apply & Complete
After signing in to your [my Social Security](#) account, applying for Retirement/Medicare may take between **10 to 30 minutes** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

[Start a New Application](#) or [Return to Saved Application Process](#)

Follow Up
Once you have submitted your application, a representative may contact you with updates or questions about your application. You may check the status of your online application by signing in to [my Social Security](#).

Video Introduction
Helpful hints for applying online
1 minute

More Information

- When to Start Receiving Retirement Benefits
- Other Ways To Apply for Benefits
- Your Right to Representation
- Information in Other Languages

Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Medicare Enrollment

5. Who's completing the application?

- Applying for yourself
- Helping someone else



 **Social Security**
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Who Is Completing This Application?

Tell us information about the person completing this application:

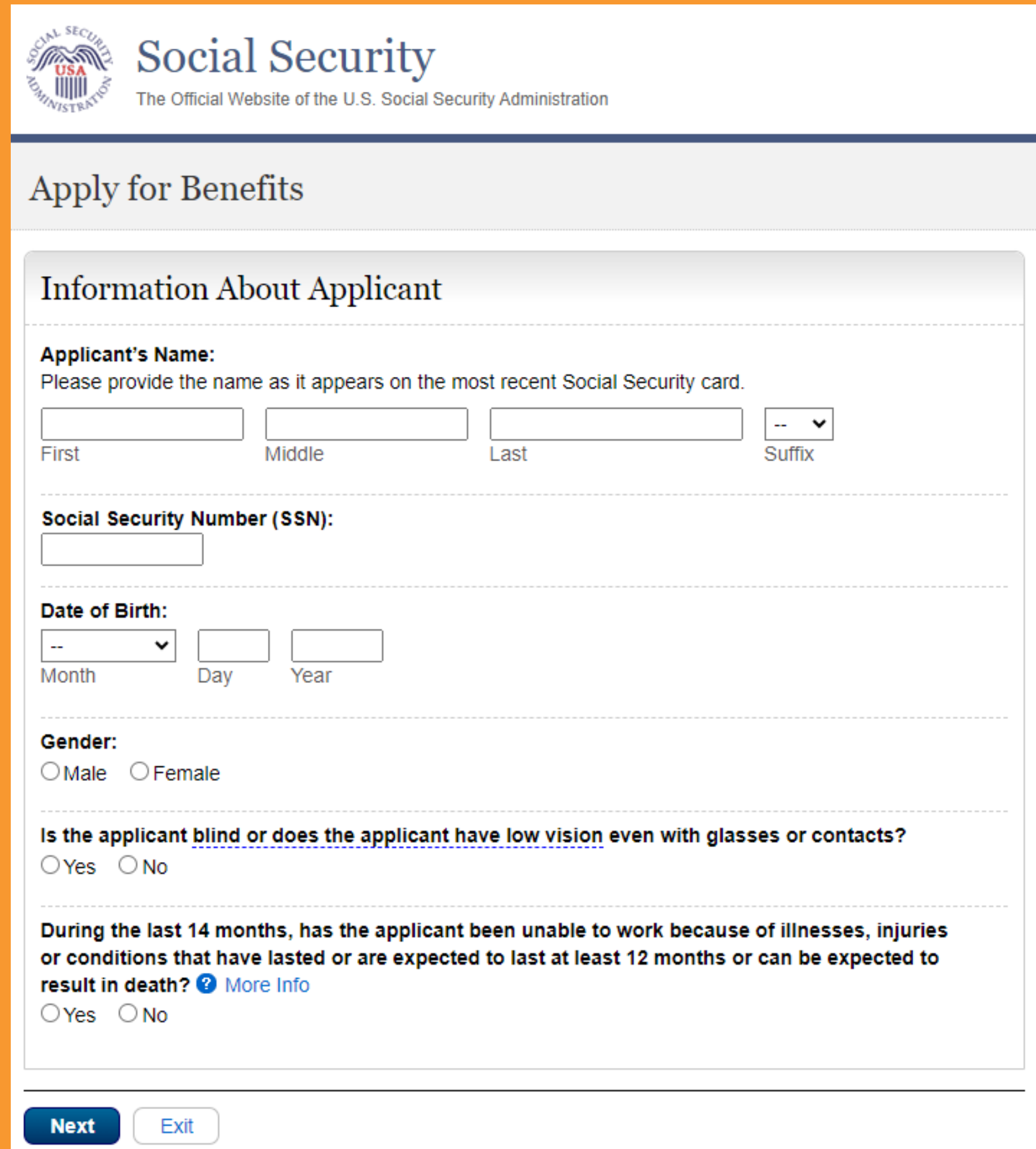
I am applying for myself.


I am helping someone who is not with me, and therefore cannot sign the application at this time.

[Next](#) [Previous](#)

Medicare Enrollment

6. Applicant Information



 **Social Security**
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Information About Applicant

Applicant's Name:
Please provide the name as it appears on the most recent Social Security card.

First Middle Last Suffix

Social Security Number (SSN):

Date of Birth:

Month Day Year

Gender:
 Male Female

Is the applicant blind or does the applicant have low vision even with glasses or contacts?
 Yes No

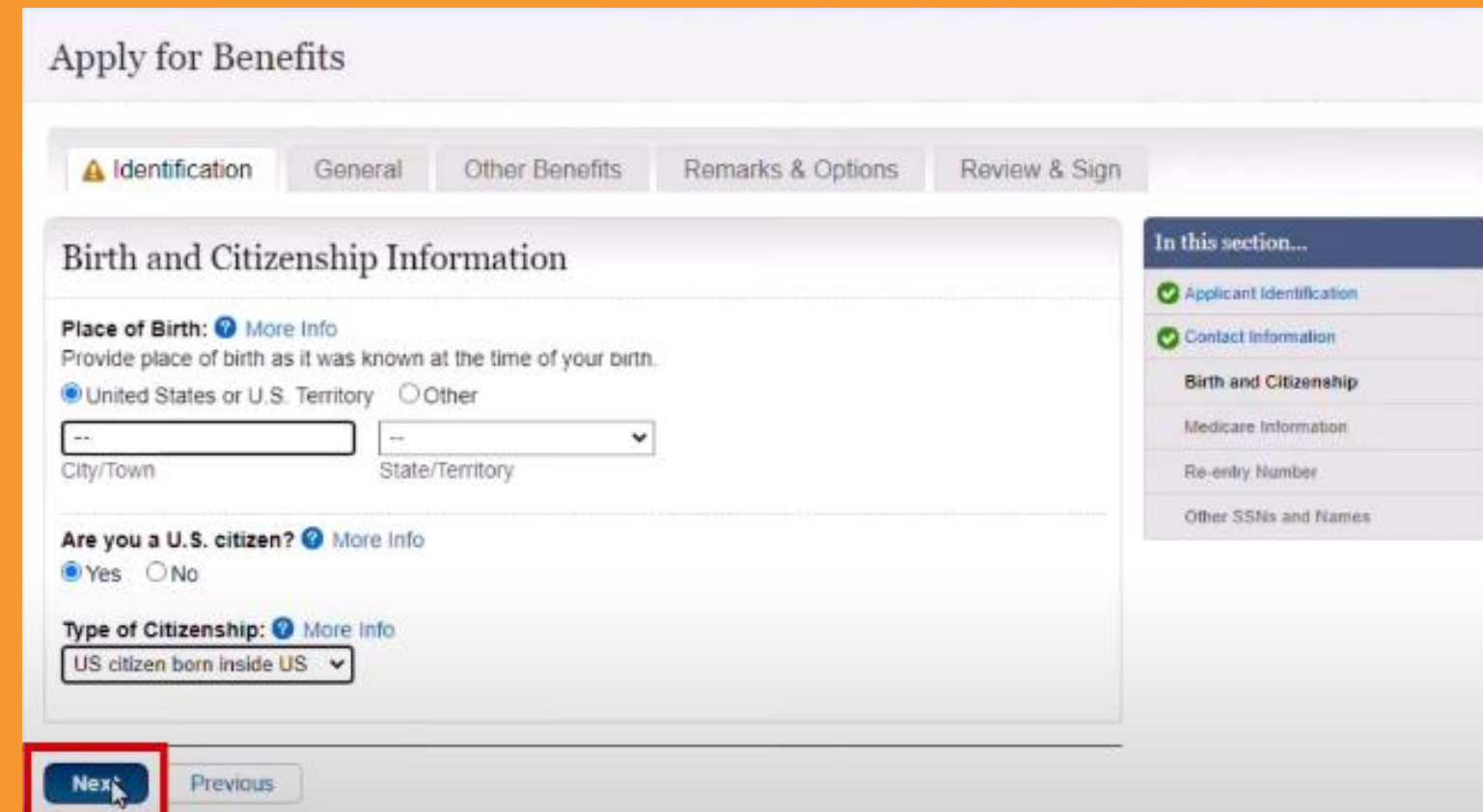
During the last 14 months, has the applicant been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [? More Info](#)
 Yes No

Next

Medicare Enrollment

7. Citizenship

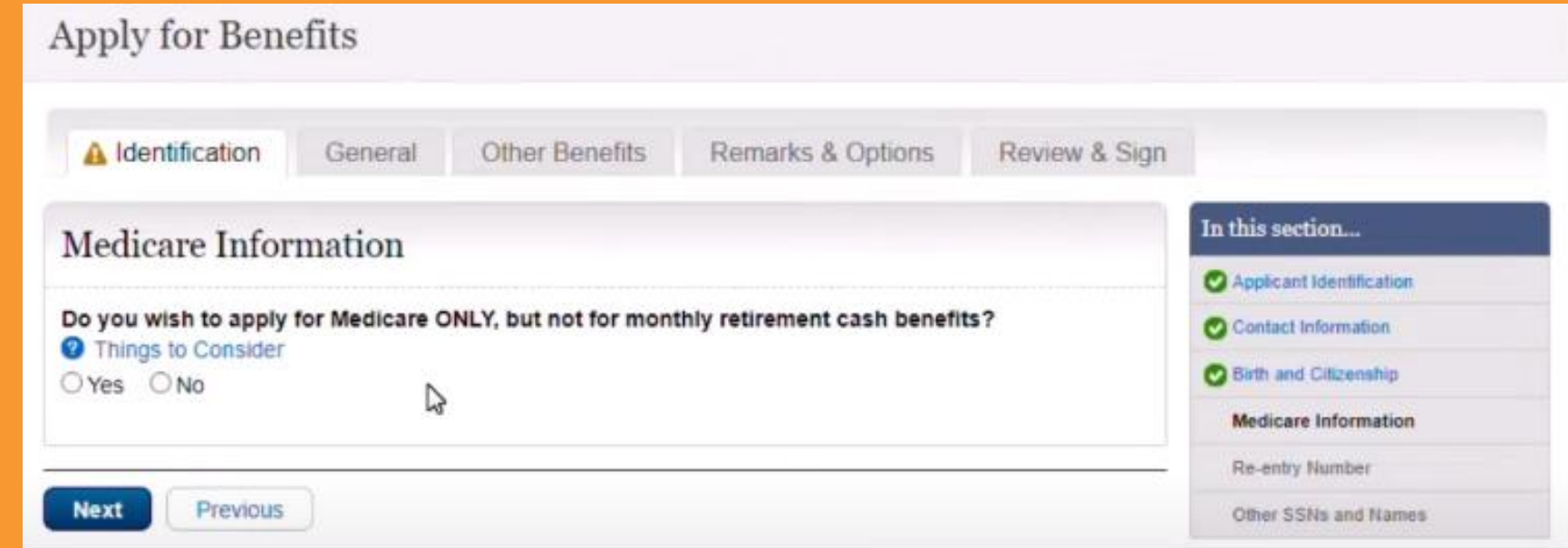
If legal alien, additional information may be requested to be uploaded.



The screenshot shows the 'Apply for Benefits' web form. The 'Identification' tab is active. The 'Birth and Citizenship Information' section contains the following fields:

- Place of Birth:** Includes a 'More Info' link, a prompt to provide the place of birth as known at the time of birth, radio buttons for 'United States or U.S. Territory' (selected) and 'Other', and dropdown menus for 'City/Town' and 'State/Territory'.
- Are you a U.S. citizen?:** Includes a 'More Info' link and radio buttons for 'Yes' (selected) and 'No'.
- Type of Citizenship:** Includes a 'More Info' link and a dropdown menu currently set to 'US citizen born inside US'.

At the bottom of the form, there are 'Next' and 'Previous' buttons. The 'Next' button is highlighted with a red box. On the right side, a sidebar titled 'In this section...' lists the application steps: 'Applicant Identification', 'Contact Information', 'Birth and Citizenship' (current step), 'Medicare Information', 'Re-entry Number', and 'Other SSNs and Names'.



Apply for Benefits

Identification | General | Other Benefits | Remarks & Options | Review & Sign

Medicare Information

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits?

Things to Consider

Yes No

Next Previous

In this section...

- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information**
- Re-entry Number
- Other SSNs and Names

Yes = I want Medicare ONLY..NOT Social Security benefits
No = I want Medicare AND Social Security benefits

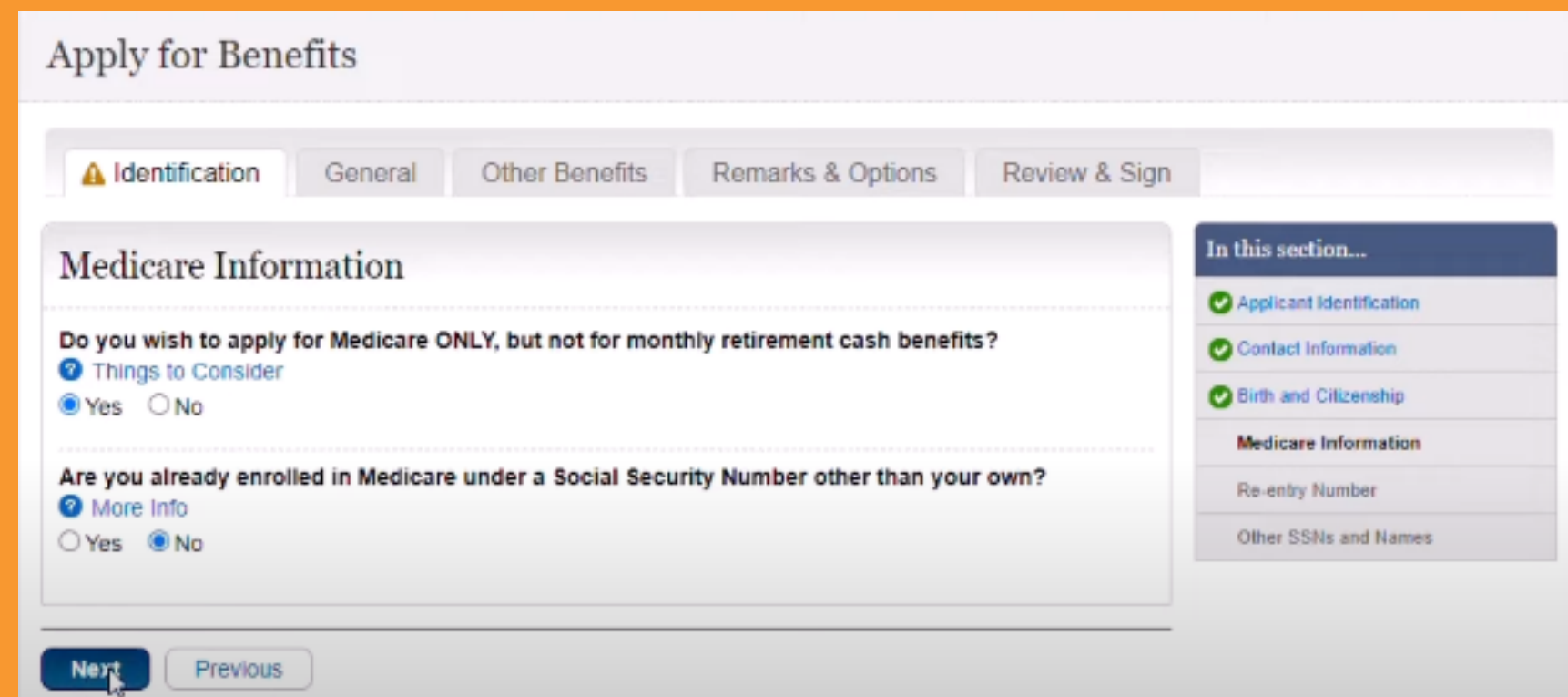
Medicare Enrollment

8. Apply for Social Security Benefits

Watch the wording of this question!

If adding Social Security Benefits – the form will take you to fill in those questions next, then return to complete your Medicare application.

If not adding Social Security Benefits, then the next Medicare application question appears.



Apply for Benefits

Identification | General | Other Benefits | Remarks & Options | Review & Sign

Medicare Information

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits?

Things to Consider

Yes No

Are you already enrolled in Medicare under a Social Security Number other than your own?

More Info

Yes No

Next Previous

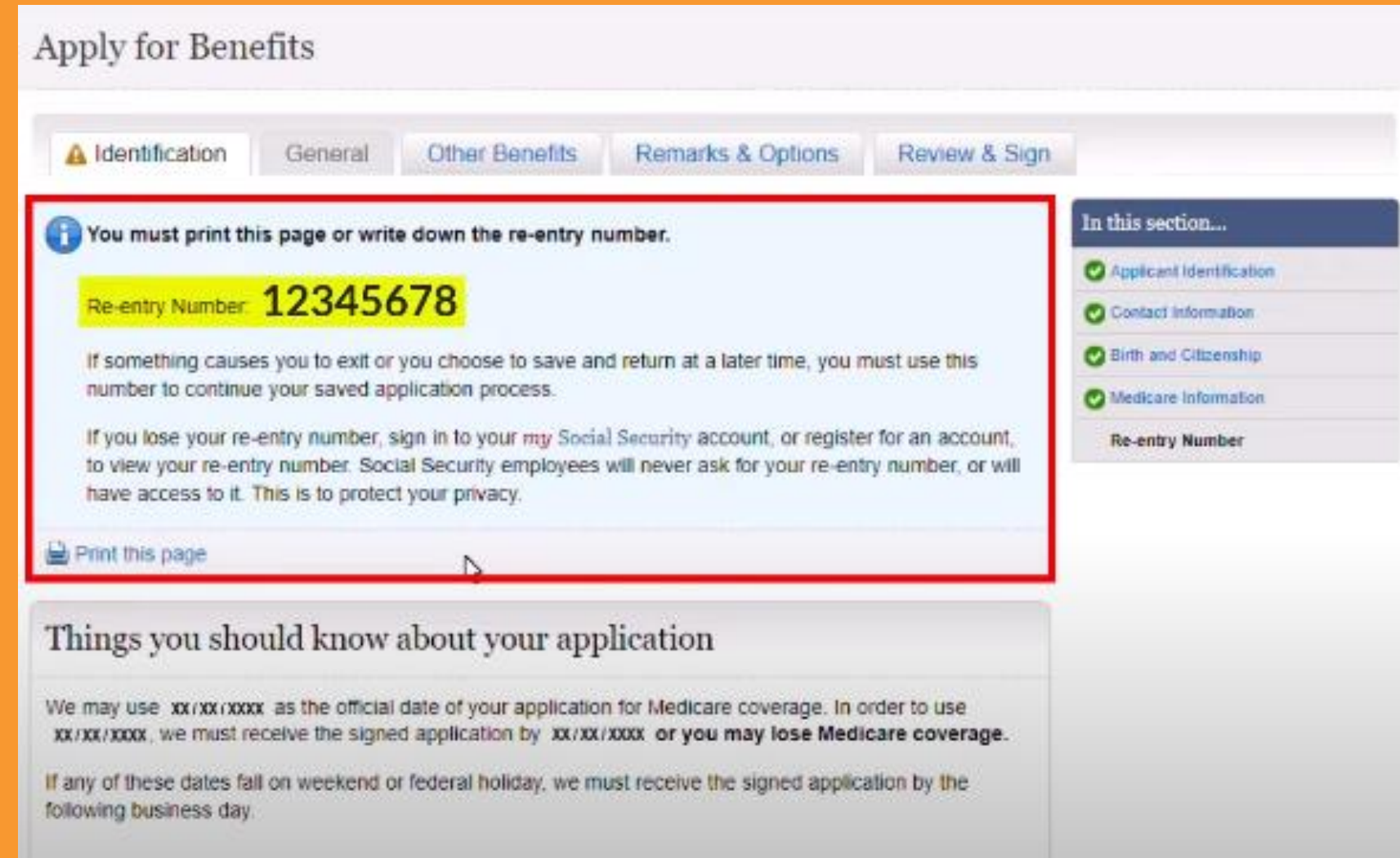
In this section...

- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information**
- Re-entry Number
- Other SSNs and Names

Medicare Enrollment

9. Re-entry Number issued

Write this number down or print the page. It will allow you to re-access your application if you need to save and return to it at a later time.



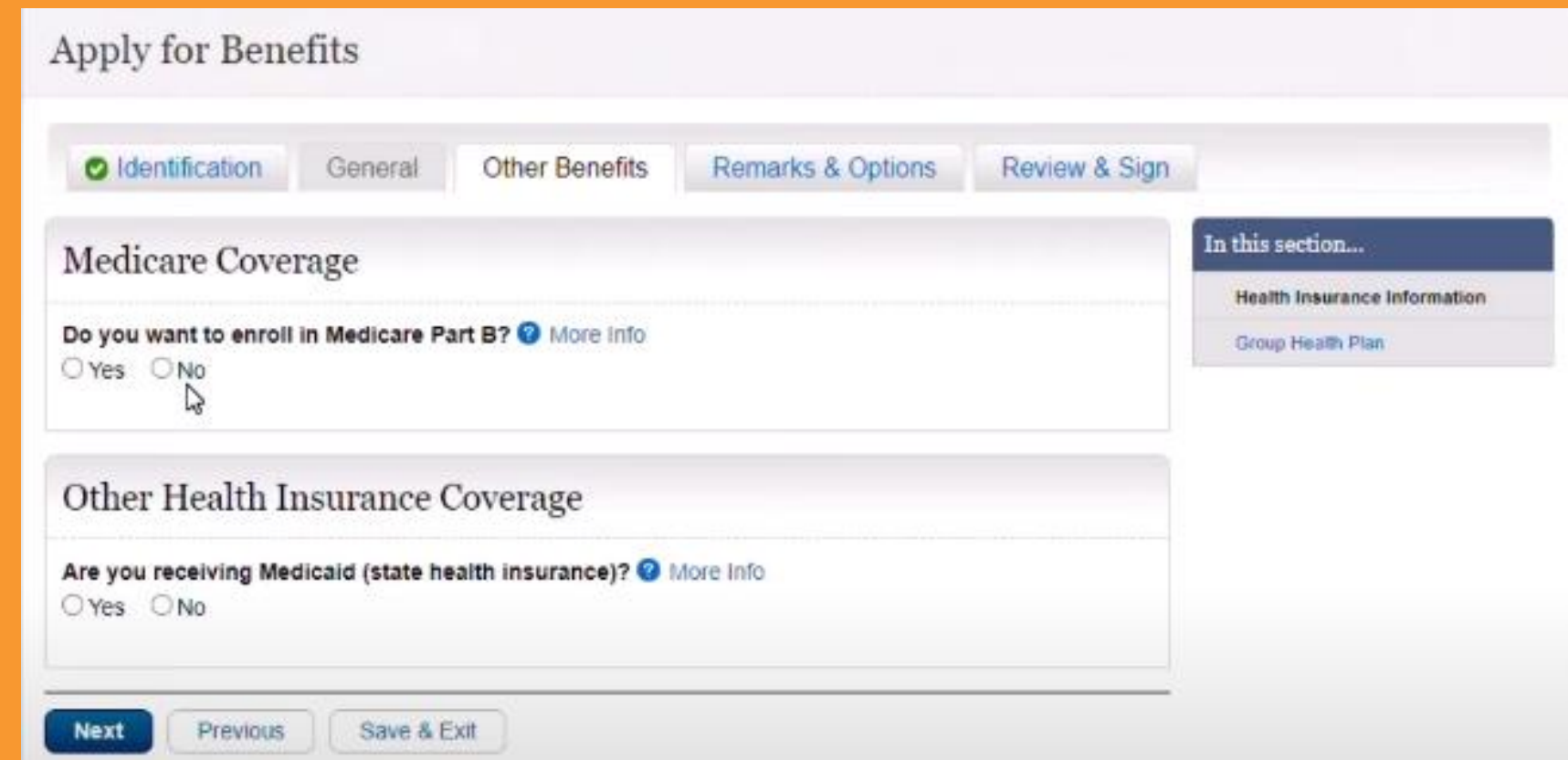
The screenshot shows the 'Apply for Benefits' page with a navigation bar containing 'Identification', 'General', 'Other Benefits', 'Remarks & Options', and 'Review & Sign'. A red box highlights a message: 'You must print this page or write down the re-entry number.' Below this, the 'Re-entry Number' is displayed as '12345678' in a yellow box. The text explains that this number is used to re-access the application and that Social Security employees will not ask for it. A 'Print this page' button is visible at the bottom of the highlighted area. To the right, a sidebar titled 'In this section...' lists 'Applicant Identification', 'Contact Information', 'Birth and Citizenship', 'Medicare Information', and 'Re-entry Number', with the first four items marked as complete with green checkmarks.

Medicare Enrollment

10. Select Medicare Coverage.

- If you answer “Yes” to Part B, you’ll receive Part A and Part B.
- If you answer “No” to Part B, you’ll get Part A only.

The system assumes you want Part A, therefore not asked about.



The screenshot shows a web form titled "Apply for Benefits" with a progress bar at the top containing tabs for "Identification", "General", "Other Benefits", "Remarks & Options", and "Review & Sign". The "Identification" tab is active and marked with a green checkmark. The main content area is divided into two sections: "Medicare Coverage" and "Other Health Insurance Coverage".

Medicare Coverage

Do you want to enroll in Medicare Part B? [More Info](#)

Yes No

Other Health Insurance Coverage

Are you receiving Medicaid (state health insurance)? [More Info](#)

Yes No

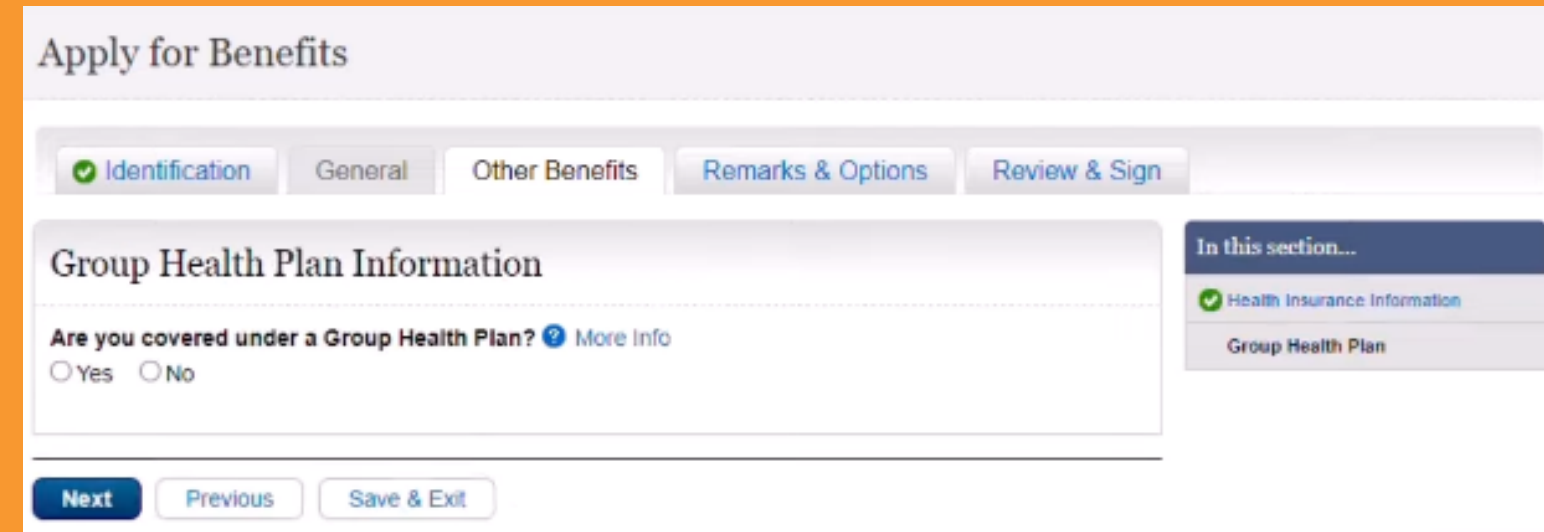
At the bottom of the form are three buttons: "Next", "Previous", and "Save & Exit". On the right side, there is a sidebar titled "In this section..." with two links: "Health Insurance Information" and "Group Health Plan".

Medicare Enrollment

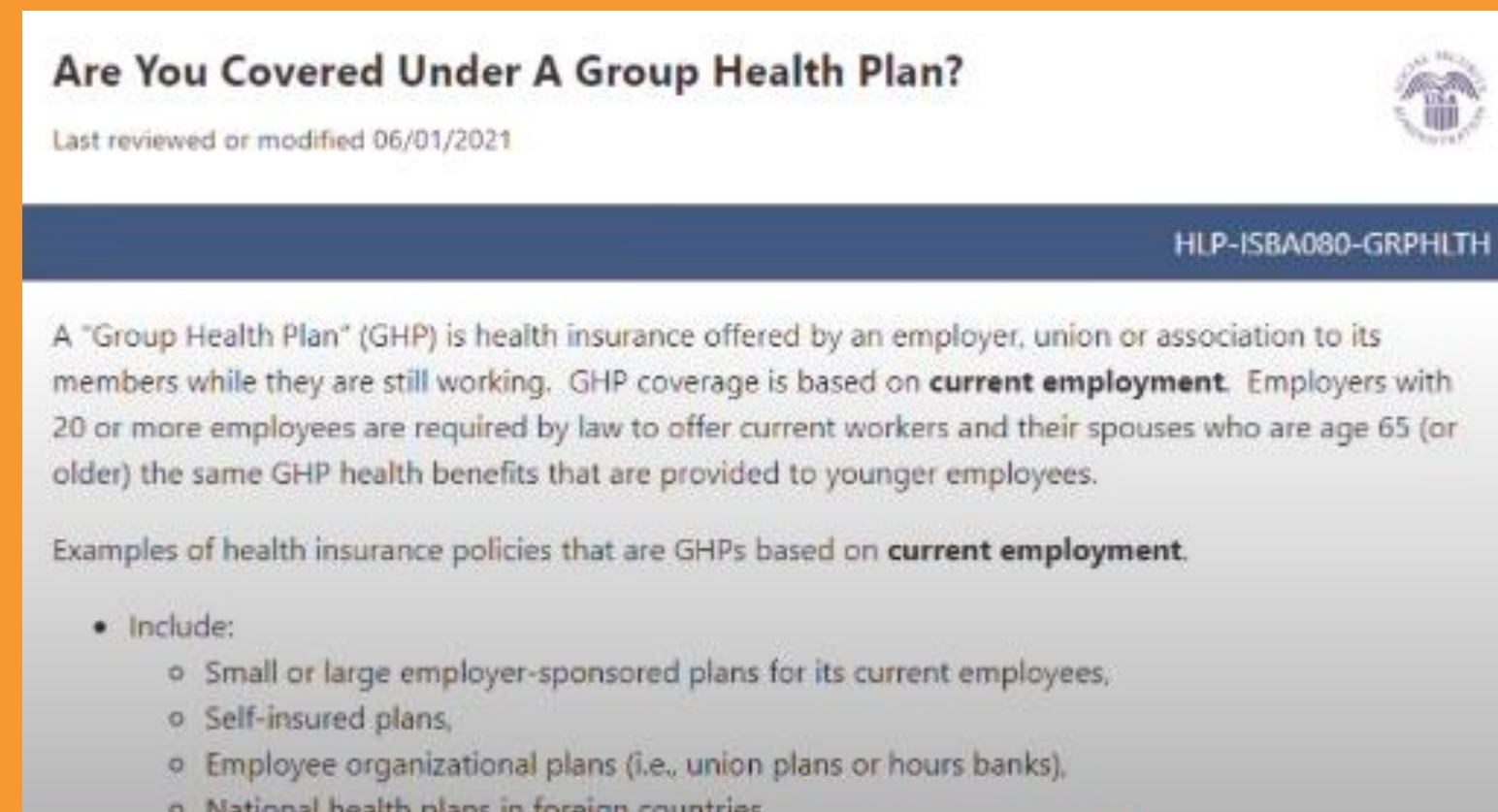
11. Are you covered under a Group Health Plan based upon current employment?

- Cobra = No
- Retiree Health coverage = No
- ACA is not a group health plan

If “yes”, then...



The screenshot shows a web form titled "Apply for Benefits". It has a navigation bar with tabs: "Identification" (active), "General", "Other Benefits", "Remarks & Options", and "Review & Sign". Below the tabs is a section titled "Group Health Plan Information". The main question is "Are you covered under a Group Health Plan?" with radio buttons for "Yes" and "No". There is a "More Info" link. To the right, a sidebar titled "In this section..." lists "Health Insurance Information" (active) and "Group Health Plan". At the bottom, there are "Next", "Previous", and "Save & Exit" buttons.



The screenshot shows a page titled "Are You Covered Under A Group Health Plan?". It includes a date "Last reviewed or modified 06/01/2021" and a logo for the U.S. Department of Health and Human Services. A blue header bar contains the ID "HLP-ISBA080-GRPHLTH". The main text defines a "Group Health Plan" (GHP) as health insurance offered by an employer, union, or association to its members while they are still working. It states that GHP coverage is based on **current employment**. Employers with 20 or more employees are required by law to offer current workers and their spouses who are age 65 (or older) the same GHP health benefits that are provided to younger employees. Below this, it lists "Examples of health insurance policies that are GHPs based on **current employment**." and includes a bulleted list:

- Include:
 - Small or large employer-sponsored plans for its current employees,
 - Self-insured plans,
 - Employee organizational plans (i.e., union plans or hours banks),
 - National health plans in foreign countries.

Medicare Enrollment

12. Answer the following:

Are you covered under a Group Health Plan through your own current employment?
 Yes No

Employment Information

The questions below apply to the employment that provides group health plan insurance.

What date did employment start? [More Info](#)

--
Month Day Year

What date did employment end? [More Info](#)

--
Month Day Year

Employment has not ended

Health Insurance Information

What date did health insurance start? [More Info](#)

--
Month Year

What date did health insurance end? [More Info](#)

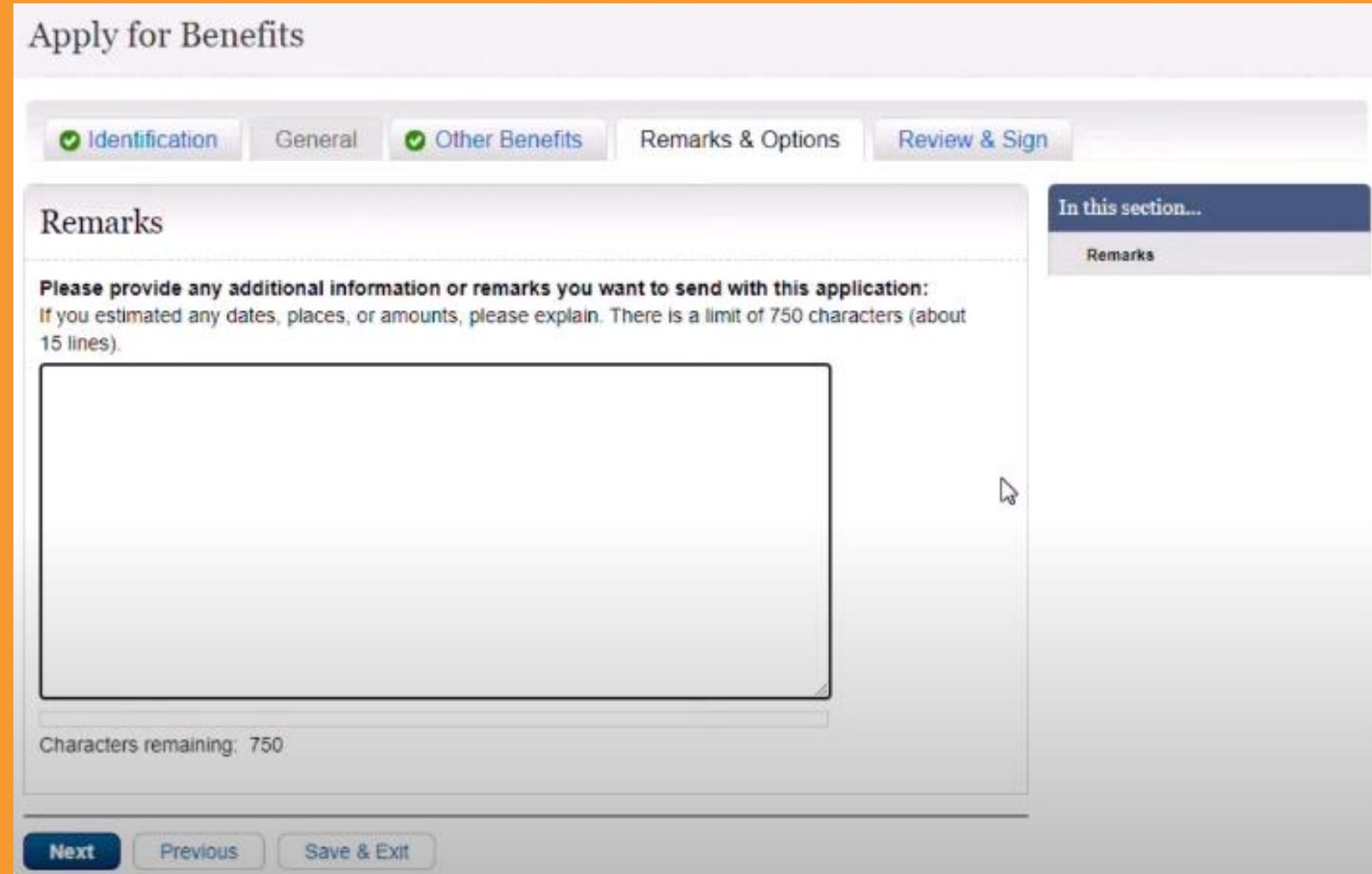
--
Month Year

Health insurance has not ended

Medicare Enrollment

13. If enrolling in Part B outside of Initial Enrollment Period (IEP), include when you want your Part B to start.

**Start date is always the 1st of the month.*



The screenshot shows the 'Apply for Benefits' form with the following elements:

- Navigation tabs:** Identification (checked), General, Other Benefits (checked), Remarks & Options, Review & Sign.
- Section Header:** Remarks
- Instruction:** Please provide any additional information or remarks you want to send with this application: If you estimated any dates, places, or amounts, please explain. There is a limit of 750 characters (about 15 lines).
- Text Area:** A large empty text box for entering remarks.
- Character Count:** Characters remaining: 750
- Navigation Buttons:** Next, Previous, Save & Exit.
- Summary Panel:** A sidebar on the right titled 'In this section...' with a sub-section for 'Remarks'.

Medicare Enrollment

14. Summary page

Review and edit as needed.

Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

Review Information

If you need to make any changes, please select the "Edit" button to return to that page.

Identification

Edit Applicant Identification

Name:
Social Security Number:
Date of Birth:
Gender:
Blind or low vision:
Disabled:

Applicant's Contact Information

Contact Information
Mailing Address:
Reside at this address:
Phone:
Best time to call:

In this section...
Overall Summary

Medicare Enrollment

15. Electronic Signature

Select "I agree with Electronic Signature Agreement"

16. Submit Now

You will no longer be able to make any edits to the submission.

17. This is your ONLY opportunity to print the confirmation page.

PRINT it!

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.


I apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

I agree with the Electronic Signature Agreement above.

 You will no longer be able to change this information once you continue.

When you select "**Submit Now**" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Apply for Benefits

 Thank you for applying for Medicare online.

Your Confirmation Number is: **12345678**

You can check the status of your application online by signing in to or creating a *my* Social Security account.

We will contact you with any updates or questions we may have about your information.

[View & Print Your Receipt](#)

We recommend that you keep a copy for your records.

Useful Links

[Contact Us](#)

- [Reporting Responsibilities: What Needs to be Reported](#)
- [Frequently Asked Questions - Internet Benefit Claim](#)
- [Social Security Online: What You Can Do Online](#)
- [Voluntary Tax Withholding](#)
- [Help With Prescriptions](#)
- [Health Care Information](#)

[Done](#)

Medicare Enrollment

Next Steps:

- You'll receive a confirmation email from Social Security.
- Followed by letter 2-4 weeks later about your benefits.
- If approved, you'll receive your Medicare card, ~4-6 weeks after submitting the application

From: DoNotReply@ssa.gov <DoNotReply@ssa.gov>
Sent: ***
To: ***
Subject: Social Security Online Application

Thank you for filing your Social Security application online. Our Social Security Office in KANSAS CITY, MO received your claim and will be working with you to process it. Our goal is to process all applications efficiently.

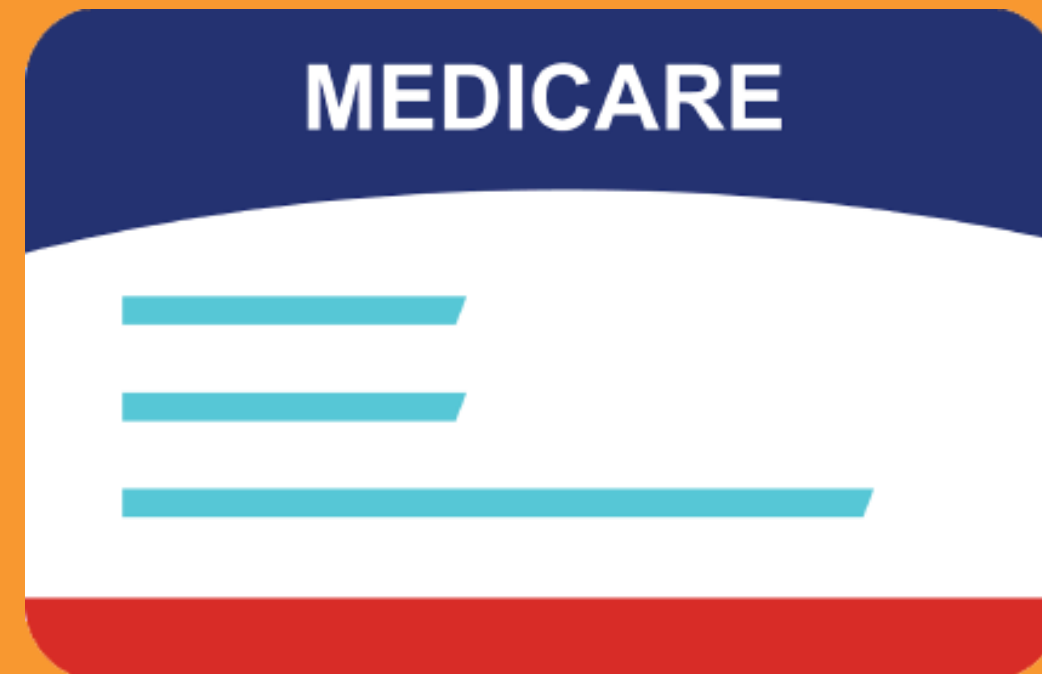
A representative may call you for more information at the phone number you provided on your application. Please be aware that our representative may call you outside normal business hours, such as on a weekend or during the evening. If we are unable to reach you by phone, we may also contact you by e-mail or U.S. mail.

You should receive a letter in the mail within 30 days with a decision or to request additional information. If you have a future month of entitlement, you should receive a letter in the mail approximately thirty days before your benefits should start. Also, you can check the status of your application at [Status of your application](#) or you may call us at (877) 772-4309 with questions. Please wait five days from the time that you filed before checking the status online.

If you have not done so already, please log onto [my Social Security](#) for quick and easy access to many of our services.

This email is automatically generated from a general email box. Please do not reply to this email.

This message was sent from an automated, unattended mailbox. Do not reply directly to this message.



Medicare Enrollment

Why don't I contact Medicare to sign up for Part A and Part B?

Medicare provides your coverage, but you'll sign up through Social Security (or the Railroad Retirement Board) because they need to see if you're eligible for Medicare, including whether you (or another qualifying person) paid Medicare taxes long enough to get Part A without having to pay a monthly premium. They also process requests to sign up for Part B for Medicare.

<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/ready-to-sign-up-for-part-a-part-b>

Medicare Supplement Insurance

What is it?

- Can help pay some of the remaining health care costs for covered services and supplies like copayments, coinsurance, and deductibles not cover by Original Medicare.
- May also cover services that original Medicare doesn't cover like medical care outside of the U.S.
- Sold by private insurance companies

What it doesn't cover:

- Long-term care (i.e. nursing home)
- Vision or dental services, hearing aids, eyeglasses, or private-duty nursing

Important reminders:

- Medicare Supplement plans must follow federal and state laws designed to protect you
- Must be clearly identified as Medicare Supplement Insurance.
- Insurance companies can only sell “standardized plans with the same letter offer the same basic benefits, no matter where you live or which insurance company you buy the policy from.
- In MA, WI, and MN, plans are standardized differently.

Medicare Supplement Insurance

Under federal law, Medicare Supplement Open Enrollment is the first six months a consumer is 65 or older and enrolled in Medicare Part B. Most states permit consumers to apply for a supplement plan 3 months prior to their Medicare Initial Enrollment Period (IEP).

Eligible	NOT Eligible
To be eligible for Medicare Supplement Insurance, a consumer must:	A consumer may NOT be eligible for Medicare Supplement Insurance for various reasons, including, but not limited to, the following:
Be enrolled in Medicare Parts A and B at the time of the plan's effective date.	Consumer does not qualify for Medicare Supplement Open Enrollment or Guaranteed Issue and does not pass medical underwriting, in applicable states.
Be a resident of the state in which they are applying for coverage. (Note: Usually, residency is defined as the location where the consumer files their tax return).	Consumer is enrolled in another Medicare Supplement Plan or a Medicare Advantage Plan, which they do not intend to replace.
Be age 65 or older (some states require insurers to offer coverage for Medicare beneficiaries under age 65).	

Medicare Supplement Insurance

Medicare Supplement Open Enrollment

During the Medicare Supplement Open Enrollment, eligible consumers are guaranteed these rights:

- Ability to purchase any supplement plan offered by the carrier
- Premium rates will not be adjusted based on health conditions

After Medicare Supplement Open Enrollment

If the consumer does not apply during their Medicare Supplement Open Enrollment, they can apply later at any time, BUT they may be underwritten and charged a higher premium rate or denied coverage.

Important reminders:

- Consumers who are voluntarily switching from one Medicare Supplement Insurance company to another are generally not entitled to Guarantee Issue.
- Consumers who switch from a Medicare Advantage Plan to a Medicare Supplement Insurance Plan are sometimes, but not always, entitled to Guarantee Issue.

Medicare Supplement Insurance

Need to Know:

- You pay a monthly premium to a private insurance company in addition to the monthly Part B premium.
- Costs can vary between plans offered by different insurance company for exactly the same coverage.
- Costs may go up as you age; some states limit Medicare Supplement premium costs.
- Medicare Supplement policies generally start on the first of the month after you apply unless a different start date is requested.
- **Medicare Supplement policies do not cancel automatically.** You will need to contact your insurance company to cancel the policy i.e. switching to a Medicare Advantage Plan.
 - **Trial Right Period:** If you drop a Medicare Supplement policy to join a Medicare Advantage plan for the 1st time, you'll have a single 12-month period to get your Medicare Supplement policy back if the same insurance company still sells it. If it isn't available, then you can buy certain Medicare Supplement policies depending upon state law.
- Some states provide additional special right to buy Medicare Supplement policies. This may impact commission rates.

Key Reasons Consumers Choose Medicare Supplement Plans

PROs

- 1. Controls Costs associated with Original Medicare — Predictable Out-of-Pocket Costs**
Designed to cover some or all of the out-of-pocket costs associated with Original Medicare
 - Part A deductible \$1,676.00
 - Part B premium \$185.00
 - Part B deductible \$257.00
 - Part B co-insurance 80/20 split
- 2. No Network**
Coverage that travels with them throughout the United States and limited emergency coverage, with some plans, when traveling outside of the United States.
- 3. Set It and Forget It**
Doesn't need to be shopped each year.
Coverage is guaranteed renewable as long as the premium is paid.

CONs

- 1. Price**
Medicare Supplement Plans only get more expensive (monthly) over time. The cost increases with age.
- 2. No Dental, Vision, Hearing, or Other “Extras” Included**
Only supplements what's covered by Original Medicare
- 3. Does Not Cover Prescription Drugs**
Must buy 3rd piece of insurance — PDP (Prescription Drug plan)

Out-of-Pocket Expenses

Medicare Supplement Insurance Plans cover some or all out of pocket expenses for Medicare eligible care such as :

- Coinsurance
- Copayments
- Deductibles

Freedom to Choose:

Insured members can choose any provider that accepts Medicare:

- No pre-authorization
- No referrals
- No provider networks (except Medicare Select Plans, which have a hospital network)

Guarantee Issue*

Under federal law, you get a 6-month Medigap Open Enrollment Period. It starts the 1st month you have Medicare Part B AND you're 65 or older. During this time, you:

- Can enroll in any Medigap policy
- Will generally get better prices and more choices among policies
- You can buy any Medigap policy sold in your state. An insurance company can't use medical underwriting to decide whether to accept your application — they can't deny you coverage due to pre-existing health problems
- Can avoid or shorten waiting period for a pre-existing condition if you buy a Medigap policy to replace creditable coverage

Guaranteed Renewable Coverage

Once enrolled, the plan automatically continues as long as the insured member pays the premium.

Cost Sharing and Benefit Amount Updates:

Plan benefits automatically update to match annual changes CMS makes to Original Medicare coinsurance, copayments and deductibles.

No Enrollment Period Limitations

- Medicare Supplement Insurance Plans are available to enroll in year round
- Medicare Supplement Insurance Plans may not be offered to Medicare Advantage (MA) members unless the member intends to replace the MA Plan with a Medicare Supplement Plan
- Medicare Supplement Insurance Plans do not cover MA cost sharing expenses

Coverage while Traveling:

Medicare Supplement Insurance covers the insured member anywhere they travel in the United States. Medicare Select insured members must use network hospitals, except for emergencies when traveling more than 100 miles from their residence. Please see state-specific Enrollment Kits for more information.

Foreign Emergency Coverage:

Some plans have emergency coverage when traveling outside the United States.

30-Day Evaluation Period:

If the insured member cancels their plan within 30-days after coverage begins premiums are refunded less any claims paid.

Don't ignore this!

Medicare Supplement Insurance is regulated by each state's Department of Insurance.

The following plan chart provides a list of standard Medicare Supplement Plans carriers can offer.

- Not all carriers offer all the plans. Medicare supplement plans do not feature prescription drug benefits.
- Stand-alone Prescription Drug Plans (PDP) are available to consumers who have original Medicare and are enrolled in a Medicare supplement plan.

The chart shows basic information about the different benefits Medigap policies cover.

✓ = the plan covers 100% of this benefit

X = the plan doesn't cover this benefit

% = the plan covers that percentage of this benefit & you're responsible for the rest

N/A = not applicable

The Medigap policy will only pay your coinsurance after you've paid the deductible (unless the Medigap policy also covers your deductible)

Note: Plan C & Plan F aren't available if you turned 65 on or after January 1, 2020, and some people under age 65. You might be able to get these plans if you were eligible for Medicare before January 1, 2020, but not yet enrolled.

* Plans F and G also offer a high-deductible plan in some states. You must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,950 in 2026 before your policy pays anything.

** For Plans K and L, after you meet your out-of-pocket yearly 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.

*** Plan N pays 100% of the costs of Part B services, except for copayments for some office visits and some emergency room visits

Medigap Benefit	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G*	Plan K	Plan L	Plan M	Plan N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓****
Blood benefit (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance	X	X	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	X	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	X	X	✓	X	✓	X	X	X	X	X
Part B excess charge	X	X	X	X	✓	✓	X	X	X	X
Foreign travel emergency (up to plan limits)	X	X	80%	80%	80%	80%	X	X	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	\$8,000 in 2026	\$4,000 in 2026	N/A	N/A

Medicare SELECT, What is it?

A version of a standard Medigap plan (like Plan G or Plan N), but with a key restriction: **You must use specific hospitals or providers for full coverage.**

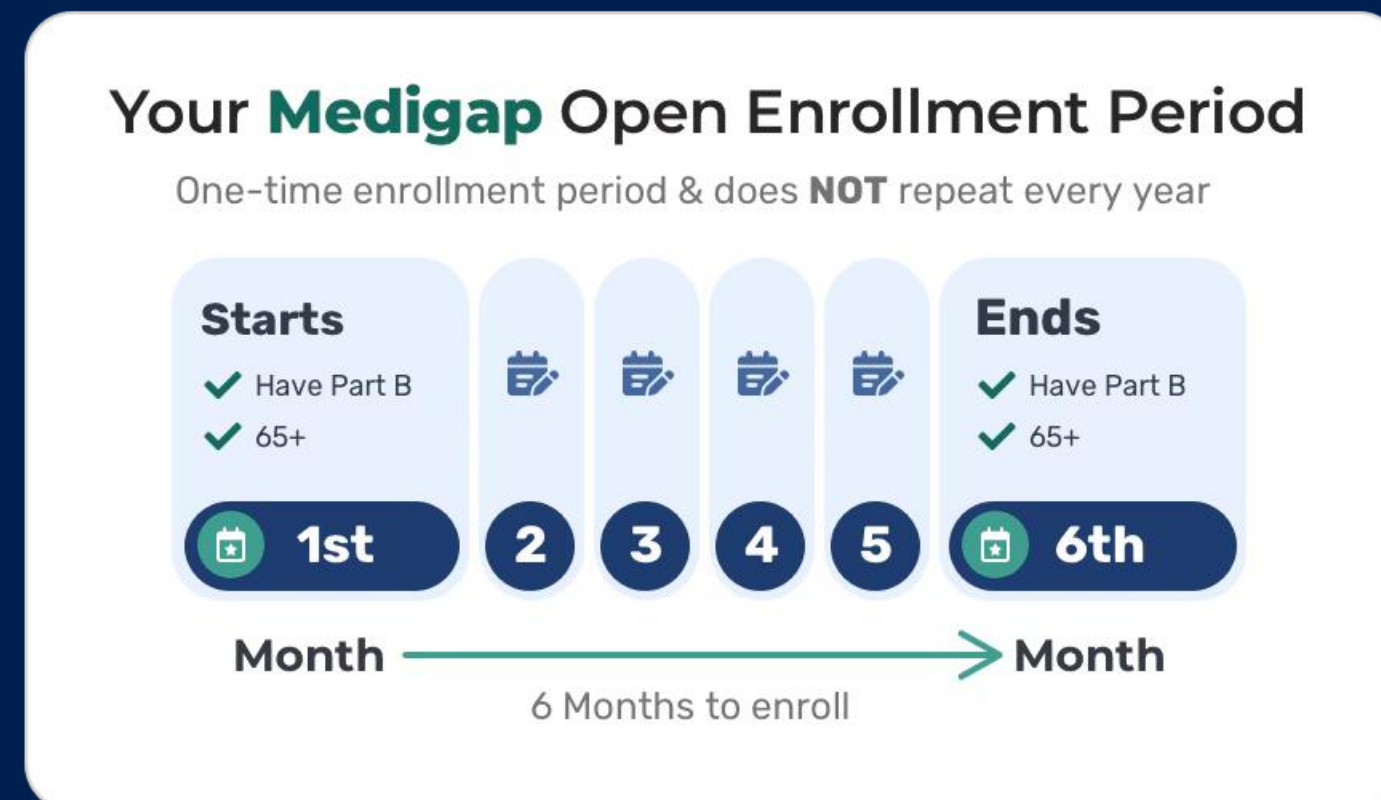
- Premiums are typically lower than traditional Medigap plans.
- Insurers can offer discounts since they control costs through contracted providers.
- SELECT plans must offer the same benefits as the corresponding Medigap plan letter.
- Availability varies by state — not all states offer SELECT plans.
- Within 12 months you have the right to switch to a standard Medicare Supplement

**WOW, I
DIDN'T KNOW**

FEATURE	STANDARD MEDIGAP	MEDICARE SELECT
Monthly Premium	Higher	Lower
Provider Choice	Any Medicare accepting provider	Restricted network
Emergency Coverage	Yes	Yes (network rules waived)
Referrals	Usually not required	Sometimes required
Benefits	Same for same plan letter	Same for same plan letter

Quick Recap:

- Medicare Supplements help cover out-of-pocket costs *not covered* by Original Medicare (Part A & B).
- Medigap plans are standardized (Plan A, G, N, etc.).
- Typically, after initial enrollment, switching plans requires medical underwriting



PART D HELPS PAY FOR PRESCRIPTION DRUGS, YOU NEED.

- Optional.
- Offered to everyone with Medicare.
- Drug costs will vary based upon the plan you choose.
- You may need to pay a premium, deductible, copayments or coinsurance throughout the year.
- May pay a penalty for as long as you have Medicare drug coverage if late enrollment.
 - If you enroll at any time after your Initial Enrollment Period (IEP)
 - There's a period of 63-days in a row without Medicare drug coverage or other creditable prescription drug coverage.
 - If you get "Extra Help" the late penalty is waived.

2-WAYS TO GET PART D COVERAGE:

1. Medicare Drug Plans

- You must have Part A and/or Part B to join a separate Medicare drug plan
- May be added to Original Medicare, some Medicare Cost Plans, some Medicare Advantage Private Fee-for-Service (PFFS), and Medicare Advantage Medical Savings Account (MSA).

2. Medicare Advantage Plans or other Medicare health plans with Drug Coverage

- Get Part A, Part B, and Medicare drug coverage (Part D) through these plans
- Must have Part A and Part B to join a Medicare Advantage plan. Not all Medicare Advantage Plans offer drug coverage.

*Must live in the service area of the plan you want to join and be lawfully present in the U.S.

**OOH
REALLY?!**

PART D LATE ENROLLMENT PENALTY

IF at any time after your Initial Enrollment Period, there's a **period of 63 or more days** in a row when you don't have Medicare drug coverage or other creditable prescription drug coverage a Part D late enrollment penalty will be **PERMANENTLY ADDED** to your Medicare Drug coverage (Part D) premium.

Ouch!
That adds up!

HOW IS IT CALCULATED?

1% of the national base beneficiary premium (\$38.99 in 20265)
x # of months the person was eligible for Part D but didn't enroll
\$XX.XX

The penalty is **rounded to the nearest 10 cents** and added to the monthly Part D premium every month.

National Part D Premium: $\$38.99 \times 0.01 = 0.3899$
No coverage for 5 years
therefore $0.3899 \times 60 \text{ months} = \23.394

\$23.40 extra per month
or \$280.80 extra per year

Can I appeal the penalty?

Yes. you can appeal the penalty if you think it was calculated incorrectly or if you think you were continuously covered. Factors that may help with an appeal **Having Extra Help** and **Having creditable** drug coverage during the relevant time period.

MONTHLY PREMIUM:

- A monthly fee that varies by plan.
- Paid in addition to Part B premium.
- Monthly premium may be included in a Medicare Advantage Plan or Medicare Cost Plan with drug coverage.
- PDP premium may be impacted by Part D IRMAA, if your income is above \$106,000 if you file as an individual or \$212,000 if you're a married couple in 2025.
- The amount you must pay before your plan begins to pay its share of your covered drugs.

How should I recommend my client pay their monthly premium?

- To avoid missed payments and potential loss of coverage, always recommend having the premium deducted from their Social Security or Railroad Benefit.

What if the premium is \$0.00?

- Still have the \$0.00 premium deducted from their Social Security or Railroad Benefit, just in case there is a change to the plan, particularly year over year.

DEDUCTIBLE:

- The amount you must pay before your plan begins to pay its share of your covered drugs.
- Some plans don't have a deductible
- Some plans that have a deductible, drugs on some tiers are covered before the deductible

**WHAT'S
THIS MEAN?**

COPAYMENTS OR COINSURANCE:

- Amounts you pay for your covered drugs after you meet the plan's deductible (if the plan has one).
- You pay your share and your plan pays its share for covered drugs.
- If you pay coinsurance, these amounts may vary because drug plans and manufacturers can change what they charge at any time throughout the year.
- The amount you pay will also depend on the tier level assigned to your drug.

OUT-OF-POCKET LIMIT:

- Yearly out-of-pocket drug costs for drugs covered by your plan are capped at \$2,100 in 2026.
- Once you reach this limit (from your out-of-pocket spending plus certain payments other people or entities make, including Medicare's Extra Help program, you won't have a copayment or coinsurance for covered Part D drugs for the remainder of the year.

REALLY?

M3P MEDICARE PRESCRIPTION PAYMENT PLAN:

- Helps manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January – December).
- Helps manage expenses; does NOT save you money or lower your drug costs.
- Participation is voluntary. No cost to participate.
- Each month you'll continue to pay your plan premium (if you have one) AND you'll get a bill from your health or drug plan to pay for your prescription drugs instead of paying the pharmacy.

FORMULARY:

- A list of which prescription drugs are covered under each Medicare Drug Plan.
- Plans include both brand-name prescription drugs and generic drug coverage.
- The formulary includes at least 2 drugs in the most commonly prescribed categories and classes.
- All Medicare drug plans generally must cover at least 2 drugs per drug category, but plans can choose which drugs covered by Part D they will offer.
- A Medicare drug plan can make some changes to its drug list during the year if it follows guidelines set by Medicare.

TIERS OR LEVELS:

- Tier 1: Low-cost generic and brand-name drugs
- Tier 2: Higher-cost generic and brand-name drugs
- Tier 3: High-cost, mostly brand-name drugs that may have generic or brand-name alternatives in Levels 1 or 2
- Tier 4: Highest-cost, mostly brand-name drugs



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2024

Deductible

Enrollee Pays:
100% of their drug cost until the Part D deductible is met.

Deductible maximum is \$545

Initial Coverage

Enrollee Pays:
25% of total drug cost

A copayment or coinsurance for each formulary covered drug.

Part D Plans Pay:
75% of total drug cost
Until the combined total is \$5030

Gap ("The Donut Hole")

Enrollee Pays:
25% up to \$8000 TROOP

Part D Plan Pays:
75% Generic drugs
5% Brand-name drugs

Drug Manufacturer Pays:
70% Brand-name drugs

Catastrophic

Enrollee Pays:
\$0

Part D Plan Pays:
20% of total drug costs

Drug Manufacturer Pays:
80% of total drug costs

\$8,000 out-of-pocket maximum

2026

Deductible

Enrollee Pays:
100% of their drug cost until the Part D deductible is met.

Deductible maximum is \$615

Initial Coverage

Enrollee Pays:
25% of total drug cost

A copayment or coinsurance for each formulary covered drug.

Part D Plans Pay:
75% of generic drug cost
65% of Brand drug cost

Drug Manufacturer:
10% discount on brand name drugs

Catastrophic

Enrollee Pays:
\$0

Part D Plan Pays:
60% of total drug costs

Drug Manufacturer:
10% discount on brand-name drugs

Medicare Pays:
20% of brand-name drugs
40% of generic drugs

\$2,100 out-of-pocket maximum

The Donut Hole: 2024 vs. 2026

The Impact:



Increased premiums on Standalone Drug Plans



Higher deductibles that impact more tiers of drugs



Decreased Medicare Advantage benefits
Formulary reductions/changing tiers

MAPD vs. Standalone Part D

PROs

- MAPD and Standalone Part D plans typically share the same PBM networks & contract rates
- Medicare Pay for Performance opportunities in 2026 for pharmacies are focused in MAPD plans
 - Humana = up to 11% rebate on MAPD business
 - Aetna = Incremental payments that can be earned in addition to drug reimbursement
- Many MAPD plans offer OTC Benefit Cards pharmacies can be set up to capture
- Provider & Specialist networks have significantly improved in past 10 years
- ICBN helps provide free plan comparison software that includes Provider validation

CONs

- Vaccines billed through PBM vs Part B resulting in loss of admin fee
- Pharmacies can still be set up to capture the admin fee, but requires some upfront cost and set-up

STEP 1 SIGN UP FOR ORIGINAL MEDICARE



Part A
Federal Government
Inpatient Hospital Care



Part B
Federal Government
Outpatient Care & Doctor Visits

STEP 2 SELECT AN OPTION FOR ADDITIONAL COVERAGE

OPTION 1



MEDICARE SUPPLEMENT
Private Insurance Company
Secondary coverage for
Out-of-Pocket Medicare costs

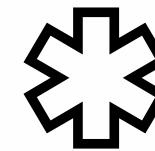


MEDICARE PART D PLAN
Private Insurance Company
Prescription Drug Coverage

OR

OPTION 2

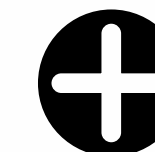
MEDICARE ADVANTAGE
Private Insurance Company



Part C
Combination of Part A
& Part B coverage



Part D
Some plans include
prescription drug coverage



May offer benefits not
covered by Original Medicare

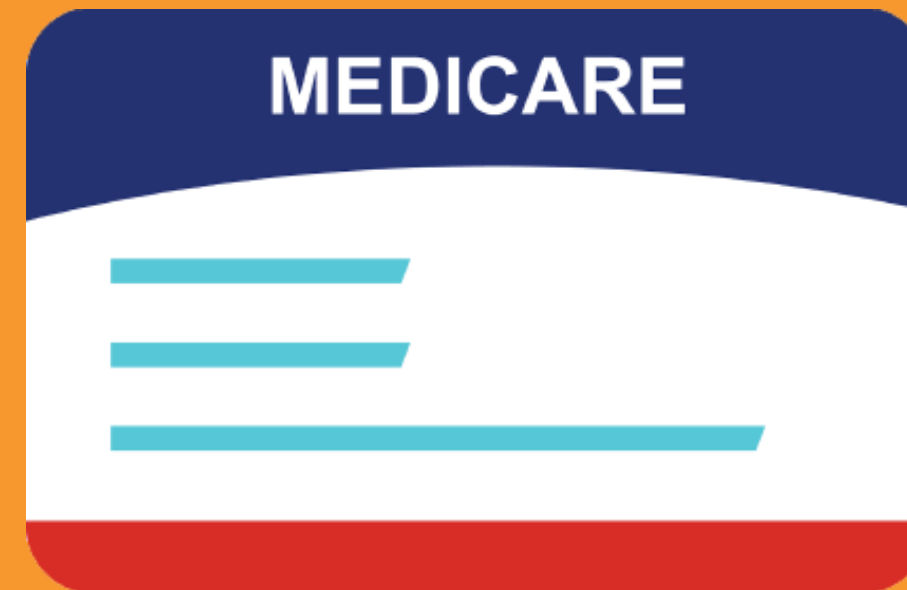
What's Covered?

How to Sell a Medicare Supplement Plan

1. REMEMBER, IT'S NOT OUR PLACE TO DECIDE WHAT TYPE OF PLAN SOMEONE SHOULD BE ON

2. TELL PEOPLE ABOUT OPTION 1 & 2

- Pros and Cons
- Ask which one feels more right for them



SELL!

Hint: The type of person that typically likes Medicare Supplement plans has a higher income. They have a like it, set it, and forget mentality about their insurance. They are not price shopping. May travel domestically. (With a Medicare Supplement plan it doesn't matter where you go inside the US, as long as they take Medicare, they'll take your Medicare Supplement plan.)

Sell it. Sell it.



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Save the Dates

Thursday, April 16th – Next Level – The Math of Consistency - 3:00 p.m. ET

Tuesday, April 21st - Agents Answered, Open Forum – 11:30 a.m. ET

Wednesday, April 22nd – Mastering Medicare, Medicare Advantage Plans – 3:00 p.m. ET

Thursday, April 23rd – Next Level – 3:00 p.m. ET



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Thank you!



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Appendix

Underwriting Tiers

Preferred Rate:

This is the lowest available premium offered to individuals who are in excellent health and meet specific criteria (e.g., non-smoker, no significant medical history).

Standard Rate:

This is a higher premium for individuals who meet the basic health requirements for coverage but may have minor health conditions or risk factors (like tobacco use) that disqualify them from the preferred rate.

Substandard Rate:

In some cases, if you have significant health issues, an insurer might offer coverage at a significantly higher, "substandard" rate, or could even deny coverage altogether (unless you are in a guaranteed issue situation).

Pricing Methods

Issue-Age Rated:

Your premium is based on your age when you first buy the policy and does not increase due to your age as you get older (though it may increase due to inflation/other factors).

Attained-Age Rated:

Your premium is based on your current age, meaning the premium increases automatically as you get older.

Community-Rated:

Everyone with the same plan in a specific area pays the same premium, regardless of age or gender.

What Drives Rates/Rate Increases

Initial rate

- Claims expectations (based on historical Medicare population data)
- Geography (local cost of care varies a lot)
- Plan design (e.g., Plan G vs. Plan N)
- Underwriting assumptions (health mix of expected enrollees)
- Administrative costs + margin

Over Time

Even though benefits are standardized, premiums aren't fixed. Increases typically come from:

- Medical cost inflation
- Higher utilization (more services per member)
- Aging block of business
- Adverse selection (sicker members staying, healthier ones leaving)
- Most carriers file for annual or periodic rate adjustments with state regulators.

Loss Ratio Trends (Why rates go up)

The loss ratio = claims paid ÷ premiums collected.

- Medicare Supplement plans are required to maintain a minimum loss ratio (often ~65% individual / 75% group).
- If a carrier's loss ratio rises (e.g., 80–90%), it signals underpriced business → likely rate increases.
- If it's too low, regulators may push back on increases or require adjustments.

Key trend to watch:

- Closed blocks (no new enrollees) → aging population → rising claims → worsening loss ratios → larger rate hikes.
- Open/actively sold blocks → younger, healthier entrants help stabilize loss ratios.

This is why two identical Plan Gs can diverge significantly in price over time.

Carrier Positioning (How insurers compete)

Since benefits are standardized, carriers differentiate through pricing strategy and block management:

a. Market entry strategy

- Some carriers enter aggressively with **low initial rates** to gain market share.
- Risk: future **steeper rate increases** if experience deteriorates.

b. Stability-focused carriers

- Price more conservatively upfront
- Tend to have **slower, more predictable increases**
- Often attractive for long-term retention

c. Block strategy

- **Open block:** Actively marketed, new members coming in → more stable
- **Closed block:** No new sales → aging, higher-cost pool → faster rate increases

d. Brand positioning

- Large national carriers: trust, broad recognition, perceived stability
- Regional carriers: competitive pricing, sometimes more volatile adjustments

Practical Implications

- The “lowest premium today” is **not always the best long-term value.**
- Understanding **rate history + loss ratio trends** is key to advising clients.
- Positioning yourself as someone who explains **rate stability vs. teaser rates** builds trust.
- There’s real value in helping patients **review plans annually**, even in Med Supp.