



Presented by:
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Understanding Medicare and Marketplace Insurance for Your Clients



About Priority Advisors

- Scott and Kelly Prior have a combined **25 years of experience** helping people find the right coverage for themselves, their families, or their small businesses.
- Priority Advisors is a **family-run business** that prides itself on **personalized, attentive service**.
- Based in **Mogadore, OH**. Licensed in **15 additional states**: Pennsylvania, Indiana, Michigan, Florida, North/South Carolina, Texas, Georgia, Maine, Nevada, New Hampshire, Tennessee, Virginia, Massachusetts, and Vermont.



Questions clients have before retirement

- When should I start looking into healthcare options?
- When am I eligible for Medicare?
- Can I keep working past 65 and stay with my group coverage?
- How do I cover a younger spouse or children?
- How will my income affect my insurance costs

Healthcare options when you retire

- ◆ **Medicare Plans (65 and over)** – Many options available, including Supplement plans, Prescription Drug plans and Advantage plans.
- ◆ **Marketplace Plans (under age 65)** – Also known as ACA (Affordable Care Act), Healthcare.gov or Obamacare
- ◆ **Cobra Coverage** – Exact same coverage from your workplace. Must pay the full premiums. Will last up to 18 months. Not a great alternative to Medicare.

MEDICARE QUESTIONS

When am I eligible for Medicare?

- If you are **65 years or older** or disabled for at least two years.
- Coverage can start the **first of the month** of your 65th birthday.

When should I begin looking into Medicare?

- Approximately **3-4 months before** you are Medicare eligible.
- **Even if you plan to still work**, start exploring 3-4 months before your 65th birthday to evaluate if your group coverage is better than Medicare.
- **If already over 65**, you should explore your Medicare options each year at your companies group open enrollment period.
- **Never** put your phone or email address online to search for quotes.

MEDICARE QUESTIONS

Do I have to use Medicare if I'm still working?

- If your company has **more than 20 employees**, you can delay Medicare. If your company has **less than 20 employees**, you must start Medicare.

Will I be penalized if I don't sign up for Medicare?

- You **can delay enrollment** for both Medicare Part A and Part B if your group medical and prescription coverage is **"credible coverage"**
- COBRA is not considered "credible coverage"
- No penalty as long as you have continuous, credible coverage

Can I use my HSA money to pay for Medicare?

- Once on Medicare you must **stop contributing** to an HSA account. Saved money can be used for only Part B **premiums and eligible medical expenses**.

What is Original Medicare?

The Government provides:

Part A Hospital – covers in-patient hospitalization, skilled nursing, home health care, and hospice. For most people, \$0/month

Part B Medical – covers out-patient services, doctor visits, preventive care, medical equipment. For most people, \$185/month. Part B premiums increase based on AGI.

Medicare was never intended to pay 100% of health care costs. After deductibles and co-payments, Original Medicare generally pays 80%

Filling in the gaps of Medicare with **Supplement and Part D**

Supplement pays
only **after** Original
Medicare.

Original Medicare
pays its share for
covered services,
then your
supplement plan will
pay its share.

Most common

Supplement plan – Plan G

Fills in Part A deductible, and Part B
co-insurance. You must pay Part B
deductible of \$257/year

Plans are **standardized**, but
premiums vary between companies.
Premiums are not based on income.
Approximate starting cost is **\$130-
\$150/month**

Supplement has **no**
Network of doctors
or hospitals

Can use any provider in
the U.S. that will accept
Original Medicare.

Filling in the gaps of Medicare with Supplement and **Part D**

Part D common features between all plans:

Part D plans (prescription drug coverage) are offered by **private insurance companies.**

Part D premiums range from **\$0/month to \$100/month.**

- **Pharmacies:** Preferred, Standard, Mail Order
- **Formulary:** (List of covered drugs) Each plan has its own formulary.
- **Tiered Co-pays:** All covered drugs are assigned a tier. Each tier has a co-pay or co-insurance.
- **Annual cap of \$2000** for all covered medications. No more “Donut Hole.”

Must have credible prescription coverage, or late enrollees may incur a 1% penalty for each month of not having credible coverage.

Filling in the gaps of Medicare with Supplement and Part D

Ideal for Clients Who Prefer to:

Pay premiums upfront for their coverage, whether they use the benefits or not.

Only have a Part B deductible is \$257/year (no copays)

Not worry about networks.

Approximate Monthly Costs

Original Medicare
\$185/month, unless high income earner

Medicare Supplement
Approx. \$130-\$150/month

Part D Plan
Approx. \$0-\$100/month

Not Included

Dental and Vision plans are purchased separately

Filling in the gaps of Medicare with Advantage Plans

Advantage plans are an “All in One”
Alternative to Original Medicare

- Offered by private insurance companies.
- Most plans are **\$0/monthly** premium, but must be enrolled in Medicare Part A and Part B
- Most plans **include Part D** (prescription coverage)
- Must live within the plan’s service area (County)

Advantage plans are
network based

- **HMO plans** – in network only coverage, except for emergencies and urgent care.
 - No longer need referrals from Primary Care to Specialists
- **PPO plans** – in-network and out-of-network coverage

Filling in the gaps of Medicare with Advantage Plans

Co-payments and Co-insurance

- Primary care, specialist visits, and therapy visits
- Inpatient hospital, outpatient surgeries
- Lab work and diagnostic tests
- All plans have an annual “**MOOP**” (maximum out of pocket)
- Most plans **include Rx** and have an Rx MOOP of \$2000 yearly

Included Extra Benefits

- **Dental coverage** for preventive and comprehensive services
- **Vision and hearing** benefits
- Debit cards with allowances for **Over The Counter** “OTC” items
- **SilverSneakers** (free gym membership)

Filling in the gaps of Medicare with Advantage Plans

Ideal for Clients Who Prefer to:

- Save premiums upfront
- Pay **co-payments and co-insurance** as they use the coverage
- Use only providers that are **in-network**

Approximate Monthly Costs

- Original Medicare **\$185/month**
 - unless high income earner
- Plans are Approx. **\$0-\$40/month**
 - (most plans are \$0)

OTHER IMPORTANT MEDICARE INFORMATION

Income Related Monthly Adjustment Amount (IRMAA)

- 2023 Adjusted gross income above \$106,000 (single) \$212,000 (jointly)
- Adjustment is added to both Part B premium and Part D premium

Medicare Open Enrollment: October 15th – December 7th

- Other enrollment times based on special circumstances
- Once enrolled, coverage renews automatically each year

Cannot bounce back and forth from Supplement to Advantage

- Once you choose Advantage, you will have a one-time 12-month trial period to change to Supplement without any health questions.

MARKETPLACE COVERAGE

Who can buy a Marketplace plan and when?

- Anyone **under age 65** can purchase a Marketplace plan. You can enroll during open enrollment (**Nov 1st – Dec 15th**) or when a **qualifying life event** happens.

What do Marketplace plans cover?

- Covers **medical and prescription coverage** for all pre-existing conditions with preventive care covered at no cost.
- Does **not** cover all doctors and hospitals. Networks are small and limited to your area. All plans cover **emergency and telehealth** outside of service area.

Can I use my HSA money to pay for my Marketplace coverage?

- No, you can **not** use HSA money to pay for Marketplace premiums. If you enroll in an **HSA eligible plan**, you will be allowed to contribute money to an HSA account. Any money in an HSA account can be used for **qualified medical expenses**.

MARKETPLACE COVERAGE

How are rates determined for a Marketplace plan?

- Base rates start with **age** of those insured, **ZIP code** of primary residence, and **tobacco use**.
- Approximate full price for single **60-65 year old** is **\$1000/month**.

How does my income affect my Marketplace coverage?

- Rates can be lowered depending on **household size** and estimated **adjusted gross income**. Single 60-65 year old **under \$120,000** AGI can receive subsidies to help lower monthly premiums.
- Take into consideration the timing of a large influx of money. Larger annual incomes = higher premiums, lower incomes = lower premiums.

COBRA Coverage

- **COBRA is not a plan.** It is a law that allows you to keep the plan you have from your workplace. Most employers outsource the billing of COBRA.
- May keep these benefits for up to **18 months** (36 months if special circumstances apply)
- Must **pay the full premium** for the plan because employer will no longer be contributing.
- Same insurance company, same deductibles/co-payments, same networks.
- Deductibles **do not reset** if you elect to keep COBRA.
- Can choose to keep any combination of Medical, Dental, Vision
- Can choose to cover certain people on the coverage. If employee wants Medicare, spouse/children can stay on COBRA.
- **Can use HSA money** to pay for COBRA premiums.

Why use Priority Advisors?

For you:

- Our services are always at **no cost** to you or your clients
- We will be a trusted extension to your team



For your clients:

- Work with National, Regional and Local companies.
- Educate, identify the right coverage and help with enrollment.
- Year-round availability to service clients.
- Evaluate options at open enrollment.

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