



Educational Program

MEDICARE *101*

This Medicare get-ready guide will explain the ins and outs of Medicare

Riley & Associates
Your trusted long-term Medicare solution



ABOUT RILEY & ASSOCIATES

Company Profile

Riley and Associates is a local agency dedicated to serving the community, specializing in personalized Medicare assistance.

With licensed associates contracted and certified in every town across the U.S., John and his team ensure our clients receive top-tier care, no matter where they are.

Our streamlined process means you only deal with Medicare once —we handle everything from the start, ensuring it's done right the first time. Set up a call with us to update your medications, and we'll keep you informed about any important changes.


By partnering with trusted national carriers, we offer reliable, stable plans. At Riley and Associates, we believe in building long-term relationships, and our business grows through referrals from satisfied clients like you. Let us take care of Medicare, so you can focus on what matters most.



Riley & Associates

Medicare and Health Insurance Services

A Non-Government Entity



JOHN RILEY


CEO of company



John Riley is an independent Health Insurance Agent, and CEO of Riley and Associates.

Specializing in Medicare
Medicare Part A & B enrollment
Time Frames, Coverage Options
Finding plans that accept your physicians
Plans that cover your prescription drugs
Medicare Supplemental Plans
Prescription Drug Plans (PDP)
Medicare Advantage Plans
HMO's & PPO's

At Riley and Associates, we are passionate about helping people in personal health development. Our mission is to help people with their Medicare health insurance needs. In this competitive Medicare market, with so many good options, strength, stability and support are the key additions to a solution that can endure into the future.





WELCOME

Medicare can be confusing, especially when you are new to the program. There are more options and choices available, and it can take years to really become familiar with not just the choices – but all the various plan options available. And, plans change. The most popular option a few years ago may no longer be the best choice.

But you've got this. And we're here to help. Whether you're new to Medicare or just want a refresher, use this guide to help you understand what's best for you.

UNDERSTANDING MEDICARE

- **Original Medicare**

When you turn 65, have a qualifying disability, end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS), you're eligible for **Part A** and **Part B** - that's Original Medicare

- **Supplementing Original Medicare**

Medicare Supplement plans help limit out-of-pocket costs and offer more coverage than Original Medicare. Private insurance companies offer them. Monthly premiums are usually based on age.

- **Medicare Part D Prescription Drug Coverage**

Original Medicare (Part A or Part B) doesn't cover most prescriptions. You can get Medicare Part D plans from a private insurance company. Each plan offers their own formulary (a list of covered drugs)

- **Medicare Advantage Part C**

Some plans combine medical, hospital, and may also include prescription drug coverage, with extra benefits. You get all your Medicare benefits in a single **all-in-one plan**. Private insurance companies offer these plans.

- **Special Needs Plans (SNP)**

A Special Needs Plan (SNP) provides benefits and services to people with specific diseases, certain health care needs, or who also have Medicaid.

ORIGINAL MEDICARE

When you first sign up for Medicare, and during certain times of the year, you can choose how you get your Medicare coverage.

- Original Medicare includes Medicare **Part A** (Hospital Insurance) and **Part B** (Medical Insurance).



- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.



- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.



- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).





PARTS OF ORIGINAL MEDICARE



PART A Hospital Insurance

Helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.

Part A Costs

What you pay in 2025:

Premium:

\$0 for most people. \$518 per month for those who don't qualify for premium-free Part A.

Deductible:

\$1,676 for each time you're admitted to the hospital per benefit period, before Original Medicare starts to pay. There's no limit to the number of benefit periods you can have.

Inpatient stays (copayments):

Days 1-60: \$0 after you pay your Part A deductible

Days 61-90: \$419 each day

Days 91-150: \$838 each day while using your 60 lifetime reserve days

After day 150: You pay all costs



PARTS OF ORIGINAL MEDICARE



PART B

Medical Insurance

Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits)

Part B Costs

Premium:

\$185 each month (or higher depending on your income)

Deductible:

You'll pay \$257, before Original Medicare starts to pay.

Costs for services (coinsurance):

You'll usually pay 20% of the cost for each Medicare-covered service or item after you've paid your deductible.

SUPPLEMENTING ORIGINAL MEDICARE

Medicare Supplemental Insurance (Medigap)

If you are enrolled in Medicare Part A and B (Original Medicare), Medigap plans can help fill the coverage gaps in Medicare Part A and Part B.

Medigap plans are sold by private insurance companies and are designed to assist you with out-of-pocket costs (e.g., deductibles, copays and coinsurance) not covered by Parts A and B. These plans are available in all 50 states and can vary in premiums and enrollment eligibility. Medigap plans are standardized; however, all of the standardized plans may not be available in your area.

Medigap costs:

Premium

All Medigap plans require that you continue to pay your Part B premium and a separate premium for Medigap coverage.

Deductible

Some plans have deductibles.

Copays

A copayment may apply to specific services.

Coinsurance

The percentage of coinsurance varies depending on plan.



MEDICARE PART D



Drug coverage

Medicare drug coverage (Part D) helps pay for your prescription drugs. It's optional and offered to everyone with Medicare.

To get Medicare drug coverage, you must join a Medicare-approved plan that offers drug coverage. Each plan can vary in cost and specific drugs covered. You must have Part A and/or Part B to join a separate Medicare drug plan, and is an addition to your supplemental plan.

Part D costs:

Premium

Most drug plans charge a monthly fee that varies by plan. If you have Part B, you pay this monthly fee in addition to the Part B premium. If you're in a Medicare Advantage Plan with drug coverage, the monthly premium may include an amount for drug coverage.

Yearly deductible

This is the amount you must pay before your plan begins to pay its share of your covered drugs. Some plans don't have a deductible.

Copayments or coinsurance

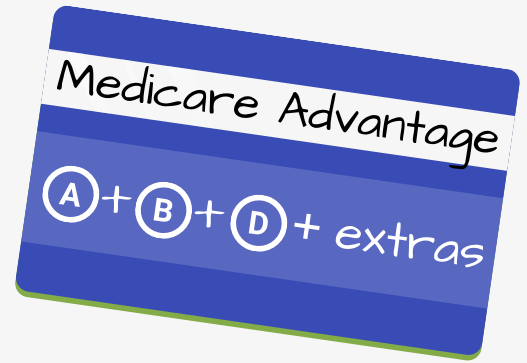
These are the amounts you pay for your covered drugs after the deductible (if the plan has one). You pay your share and your plan pays its share for covered drugs.

Out-of-pocket limit on drug costs

In 2025, your yearly out-of-pocket drug costs will be capped at \$2,000. Once you reach this limit in 2025 you won't have to pay a for covered Part D drugs for the rest of the calendar year

MEDICARE ADVANTAGE

Part C



Medicare Advantage bundles your Part A, Part B, and usually Part D coverage into one plan. Plans may offer some extra benefits that Original Medicare doesn't cover — like vision, hearing, and dental services.

You join a plan offered by Medicare-approved private companies that follow rules set by Medicare. Each plan can have different rules for how you get services, like needing referrals to see a specialist.

Medicare Advantage costs:

Costs for monthly premiums and services you get vary depending on which plan you join.

With Medicare Advantage, you:

- Need to use doctors who are in the plan's network (for non-emergency or non-urgent care).
- May pay a premium for the plan in addition to the monthly Part B premium. Plans may have a \$0 premium or may help pay all or part of your Part B premiums.
- Can't buy or use separate supplemental coverage (like Medigap).



SPECIAL NEEDS PLANS **SNP**

A Special Needs Plan (SNP) provides benefits and services to people with specific diseases, certain health care needs, or who also have Medicaid.

SNPs tailor their benefits, provider choices, and list of covered drugs (formularies) to best meet the specific needs of the groups they serve.

SNPs are either HMO or PPO plan types, and cover the same Medicare Part A and Part B benefits that all Medicare Advantage Plans cover. However, SNPs might also cover extra services for the special groups they serve.

Who can join an SNP?

You can join an SNP if you meet these requirements:

- You have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance)
- You live in the plan's service area
- You meet the eligibility requirements for one of the 3 types of SNPs:
 - a. Dual Eligible SNP (D-SNP)
 - b. Chronic Condition SNP (C-SNP)
 - c. Institutional SNP (I-SNP)

DUAL ELIGIBLE SNP (D-SNP)

For individuals enrolled in Medicare and Medicaid (dually eligible individuals)

CHRONIC CONDITION SNP (C-SNP)

For individuals with specific chronic conditions, such as cancer, dementia, diabetes, HIV/AIDS, stroke, End-Stage Renal Disease (ESRD), and certain neurologic disorders

INSTITUTIONAL SNP (I-SNP)

For individuals who live in an institution, such as a nursing home, long-term care skilled nursing facility (LTC SNF), intermediate care facility, or assisted living facility

MEDICARE CHECKLIST

Everything you need to get ready to enroll.

6 MONTHS BEFORE TURNING 65

- Learn the basic's of Medicare.
 - The Parts of Medicare.
 - Original Medicare.
 - Supplementing Original Medicare.
 - Medicare Advantage.

- Check if your work history (or current/former spouse's) qualify you for coverage.

- Learn how other coverage works with Medicare.

- Learn about the costs associated with the different parts of Medicare.

- Understand your enrollment Option.
 - Learn about Part A and Part B enrollment.
 - Determine whether you'll get Medicare automatically or need to sign up manually.




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4 MONTHS BEFORE TURNING 65

- Check with your doctor(s) and providers to see if they accept Medicare
- Understand Medicare out-of-pocket health care costs.
 - Premiums.
 - Deductibles.
 - Copays and coinsurance.
- Decide how you want to get Medicare coverage.
 - There are two main ways to get your Medicare coverage – Original Medicare (Part A and Part B) or through a Medicare Advantage Plan (Part C).
 - Determine which Medicare path fits your personal needs best.
- Compare available plans in your area.



1 – 3 MONTHS BEFORE TURNING 65

- Apply for medicare with the Social Security Administration. Make sure you have the following information ready:
 - Date and place of birth.
 - Medicaid (if eligible) number and start/end dates.
 - Current health insurance information.
- Enroll in Medicare Part A during your initial Enrollment Period.
- Enroll in Medicare Part B, unless you're delaying Part B due to qualified employer coverage.
- After you enroll in Parts A and B, you can join a Medicare (Part D) Prescription Drug Plan and /or a Medicare Supplement Insurance Plan.





Thank You