

WELCOME TO

Social Security and Medicare 101:

MEDICARE BENEFITS

Agenda: What we'll cover

1. Social Security overview

- What is Social Security and who can participate?
- Social Security basics and benefits
- Considerations for collecting Social Security early
- How Social Security and Medicare work together
- Turning 65 and working

2. Medicare 101: Understanding your options

- Medicare Parts A – D and what they cover
- Federal health insurance programs and private plans
- Your Medicare options
 - Original Medicare compared to Medicare Advantage
- Dual Eligible Special Needs Plans (D-SNP)
- Prescription drug coverage
- Medicare Supplement Insurance
- How to get started
 - Enroll in Medicare when eligible
 - Choose additional coverage that's right for you
- Frequently asked questions
- Aetna® Medicare benefits information



A photograph of a middle-aged couple running joyfully in the rain. The man is holding a light-colored umbrella over both of them. They are both smiling and appear to be in motion. The background is a blurred city street with white railings and streetlights. The entire image is overlaid with a semi-transparent purple filter.

Social Security

Social Security Overview

- The main requirement of the original Social Security Act was to pay financial benefits to retirees based on lifetime payroll tax contributions.
- It was intended to be a federal safety net providing aid and benefits for the elderly, unemployed, victims of industrial accident, dependent mothers and children, the blind and disadvantaged Americans.



Qualifications to receive full benefits

- **Must be a U.S. citizen or resident**
- **Pay into the Social Security system for 10 years**



Source: www.socialsecurity.gov/myaccount

Social Security basics

Before you apply for retirement benefits, here are Social Security basics you need to know:

- Your full “*retirement age*” depends on your date of birth. This may be between 66 plus 2 months and 67 (We will go into more detail later).
- You can start receiving benefits as early as 62.
- Benefits (monthly payments) may be reduced if you choose to receive benefits earlier.
- You may choose to continue working while receiving benefits, if you elect to receive benefits before full retirement age.
- Delayed retirement credits may be added to your benefits if you start after your full retirement.



Source: <https://www.ssa.gov/benefits/retirement/>



Considerations for collecting Social Security early

Working

- Will you work, even part time, before full retirement age (FRA)?

Longevity

- How is your health? Is there an expectation of longevity?
- Have you saved enough money in your retirement accounts (401k, pension, personal savings, etc.)?

Spouse/Children

- Are you married?
- If so, what is the age difference between spouses?
- Whose benefits can the spouse and/or children collect?
- Do you have children under 18 or in college?



Full retirement age

Age to receive full Social Security benefits

(Called "full retirement age" or "normal retirement age.")

Year of birth*	Full retirement age
1943 - 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months

* If you were born on January 1 of any year, you should refer to the previous year. (If you were born on the 1st of the month, your birthday is considered part of the previous month, and your eligibility window will be shifted accordingly.)

If you delay your retirement benefits until after full retirement age, you may be eligible for ***delayed retirement credits*** that would increase your monthly benefit. Even if you decide to delay your retirement, be sure to ***sign up for Medicare at age 65***.

* The earliest you can start receiving Social Security retirement benefits will remain age 62.

Source: <https://www.ssa.gov/planners/retire/retirechart.html>

How Social Security and Medicare work together

The Social Security Administration determines who is eligible for Social Security benefits as well as Medicare. They also carry many of the administrative functions for Medicare.

Medicare is available to some younger people with disabilities.

Social Security
AND
Medicare
are social safety
programs that
people pay into
during their
working years
through taxes

How to determine your Medicare Part B premium* based on income level

File individual tax return	File joint tax return	File married & separate tax return	Part B monthly premium amount
\$97,000 or less	\$194,000 or less	\$97,000 or less	\$164.90
Above \$97,000 up to \$123,000	Above \$194,000 up to \$246,000	N/A	\$230.80
Above \$123,000 up to \$153,000	Above \$246,000 up to \$306,000	N/A	\$329.70
Above \$153,000 up to \$183,000	Above \$306,000 up to \$366,000	N/A	\$428.60
Above \$183,000 and less than \$500,000	Above \$366,000 and less than \$750,000	Above \$97,000 and less than \$403,000	\$527.50
\$500,000 and above	\$750,000 and above	\$403,000 and above	\$560.50

*The Part B premium can be automatically deducted from your monthly Social Security check, or you can choose to pay the premium out-of-pocket. Source: <https://www.cms.gov/newsroom/fact-sheets/2023-medicare-parts-b-premiums-and-deductibles-2023-medicare-part-d-income-related-monthly>

Social Security covers Original Medicare (Parts A and B)

- Social Security enrolls you in Part A. Medicare Part A (hospital insurance) helps pay for inpatient care in a hospital or limited time at a skilled nursing facility (following a hospital stay). Part A also pays for some home health care and hospice care.
 - Note: For those who have not worked 40 quarters or 10 years, you may purchase Part A in 2023.
 - You can also choose to sign up for Part B. Medicare Part B (medical insurance) helps pay for services from doctors and other health care providers, outpatient care, home health care, durable medical equipment and some preventive services.



Source: Medicare Benefits | SSA

Working past 65 with Medicare benefits

Should you enroll in Medicare if you are still working?

Questions to ask:

If your employer offers health coverage, do you need to enroll in Medicare? What about Medicare's prescription drug benefit?

Can I save money using Medicare instead of what my employer group offers?

Things to know:

- Most workers should remain enrolled in Medicare Part A. Part A is free for most people and covers institutional care in hospitals, skilled nursing facilities and other caregiving agencies.
- Individuals who don't sign up for Part B when they first become eligible might have to pay a **10-percent premium penalty** for each year that enrollment is delayed.

A man and a woman are walking together on a rocky path in a forest. The man is wearing a grey beanie, a dark sweater, and light-colored pants. The woman is wearing a light-colored sweater and dark pants. They are both smiling and looking at each other. The background is filled with bare trees and rocks.

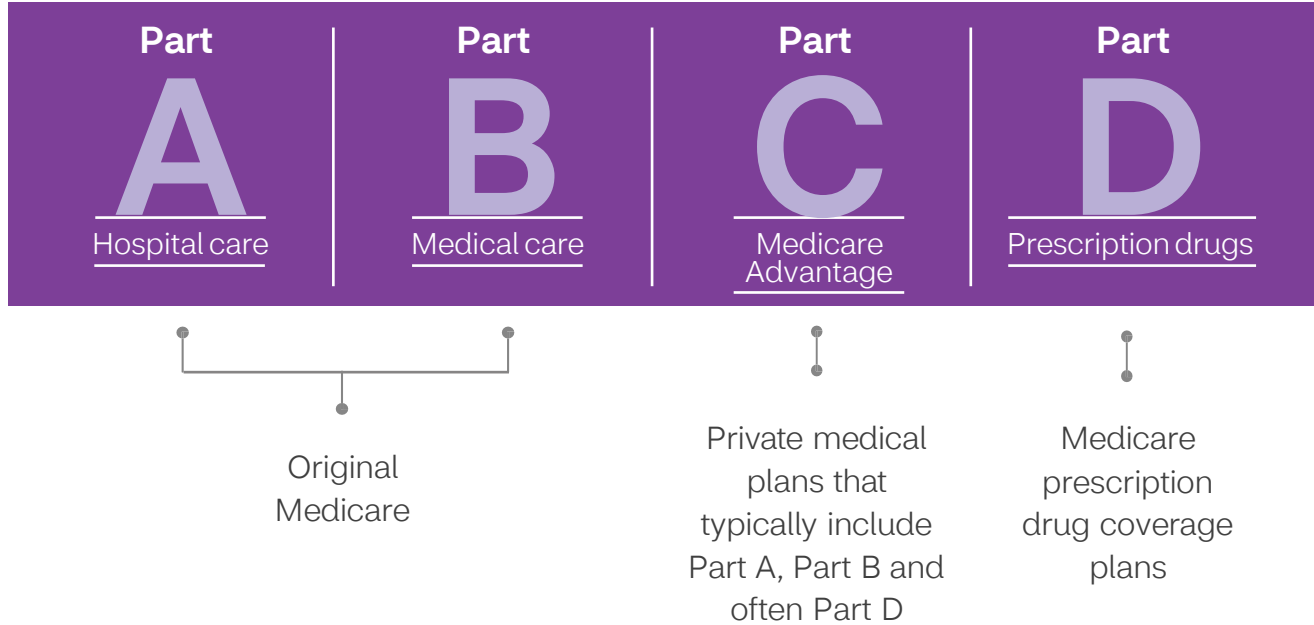
Medicare

1.

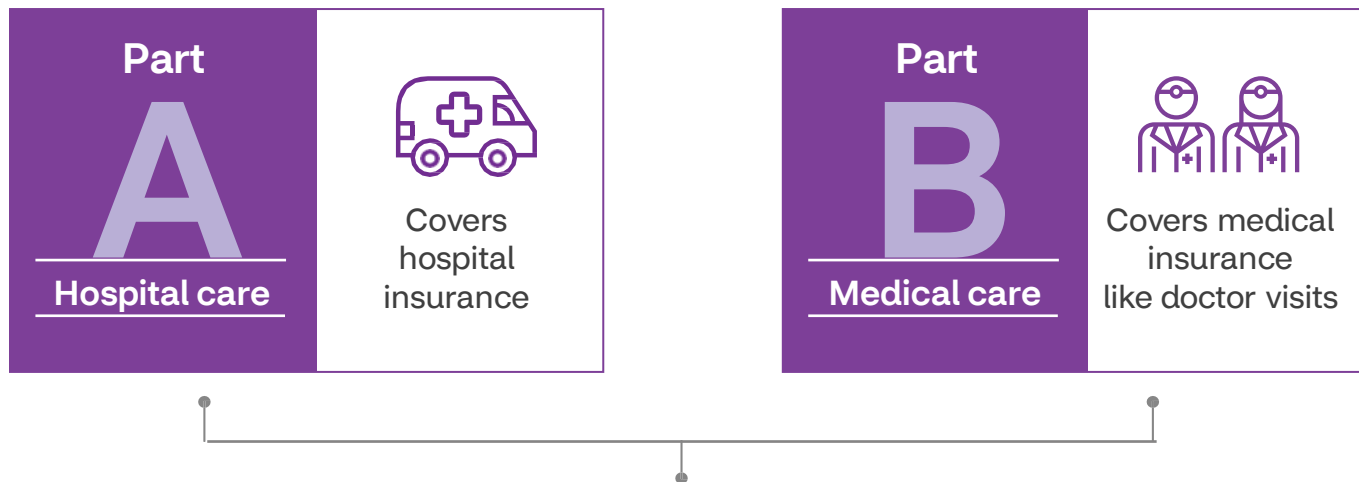
Medicare Parts A — D

Let's start at the beginning.

The 4 parts of Medicare




Medicare Part A and B: Original Medicare



Medicare Parts A and B make up Original Medicare.
They're provided by the federal government.

Original Medicare is for people 65 and older or those
under 65 with certain disabilities.

Medicare Part C and D: Medicare Advantage and prescription drug plans

<p>Part</p> <p>C</p> <hr/> <p>Medicare Advantage</p>	 <p>This is called Medicare Advantage.</p>
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You can buy Part C from private insurance companies. Medicare Advantage combines Parts A and B and often offers prescription drug coverage. It may include additional benefits like dental, eye care, hearing or wellness services.

You can buy a Medicare Advantage plan (Part C) if you:

- Are enrolled in Parts A and B
- Live in the plan's service area

<p>Part</p> <p>D</p> <hr/> <p>Prescription drugs</p>	 <p>It helps pay for prescription drugs. It's only offered through private insurance companies. We'll talk more about Part D later.</p>
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You can purchase Part D as a standalone prescription drug plan (PDP).

You can buy a Part D plan if you:

- Are enrolled in Parts A and/or B
- Live in the plan's service area

2.

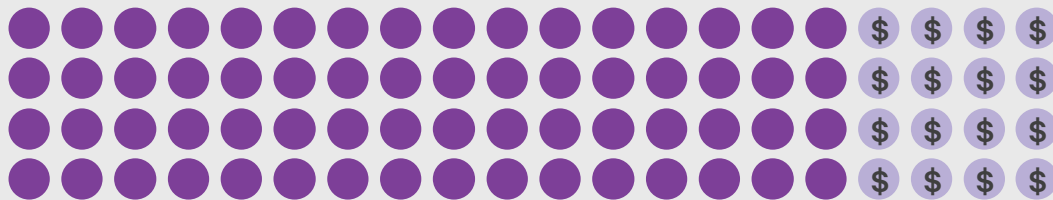
Federal health insurance programs and private plans

Can I just rely on Parts A and B—
what the government pays for?



You can rely on Parts A and B, but Original Medicare has a deductible and only covers about 80% of your Part B services

It covers hospital and doctor visits, along with certain limited medications. It does not include prescription drug coverage.



When you choose Medicare Advantage (Part C), the plan will cover:

A purple rectangular graphic containing the text 'Part C' in large white letters, with 'Medicare Advantage' in smaller white letters below it, separated by a thin white horizontal line.

Part
C
Medicare
Advantage

- Medicare Part A and Part B
- All the same benefits as Original Medicare, and may include benefits Original Medicare doesn't cover, like dental, hearing and vision care
- Prescription drug coverage (Part D), with most plans

Part C also has a yearly limit on out-of-pocket costs for covered medical services, unlike Original Medicare.



So, what's the bottom line?

Part C, or Medicare Advantage, combines Part A and Part B benefits, and often Part D, in one plan.

There are plenty of options. We can help you weigh them.

3.

Your options

How to choose your plan.

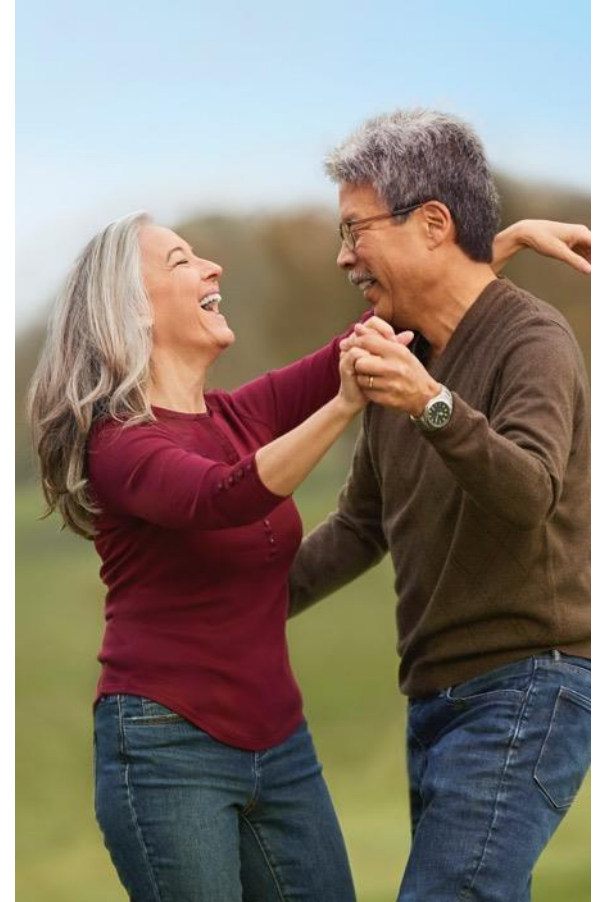
Questions to consider

- What monthly plan premium can I afford?
- Does the plan cover the services I need?
- Can I see the doctors I want?

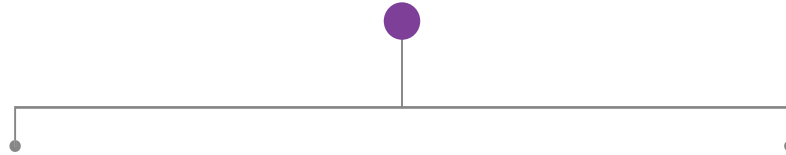
What about a prescription drug plan?

- It helps pay for prescription drugs.
- It's only offered through private insurance companies.

**We'll talk more about Part D later,
so don't stress.**



You can choose from two paths:



1

Original Medicare

Part A: Hospital

Part B: Medical

Part D: A separate drug plan — if you buy it.

Supplemental insurance — if you buy it.

2

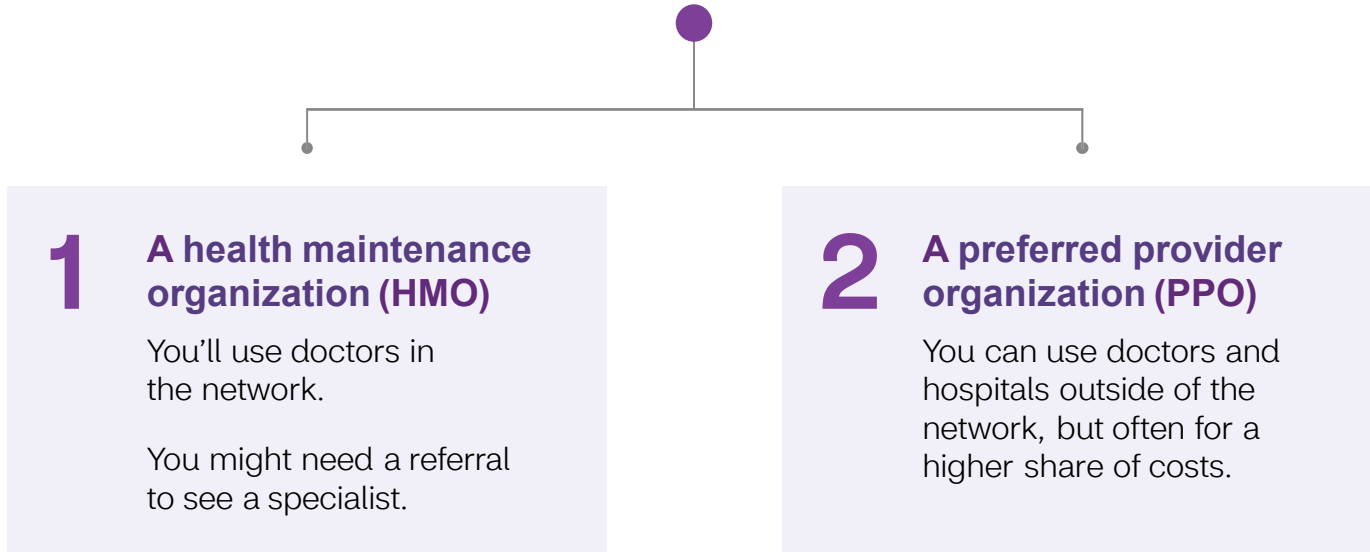
Medicare Advantage

Combines Part A: Hospital and Part B: Medical. Most plans include a prescription drug plan.

Medicare Part D: If your plan doesn't include it, you may be able to join a separate Part D plan.

*Supplemental insurance will be discussed in Chapter 6 of this presentation.

If you choose Medicare Advantage, here are two options:





What costs does Medicare Advantage cover?

\$1,600

Part A Deductible
(hospital insurance)

\$200 per day

Part A
Coinsurance (skilled nursing facility for days 21 through 100)

\$226

Part B
Annual deductible (medical insurance)

20%

Part B
Coinsurance for doctor services the plan covers



Medicare Advantage may also include:



Dental



Annual
hearing
exams and
hearing aids



Annual
vision
exams and
eyewear



Part D
prescription
drugs



Emergency
medical
care
outside the
U.S.



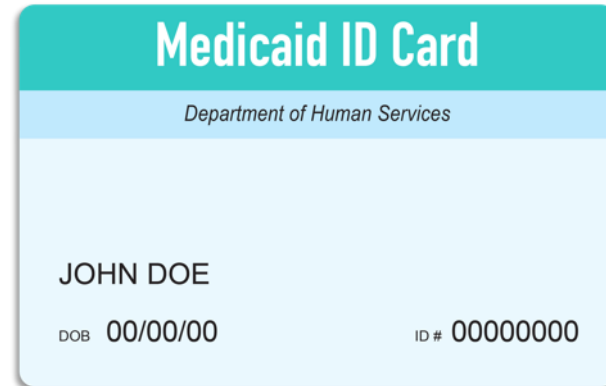
Over-the-
counter items

4. D-SNPs

Dual Eligible Special Needs Plans

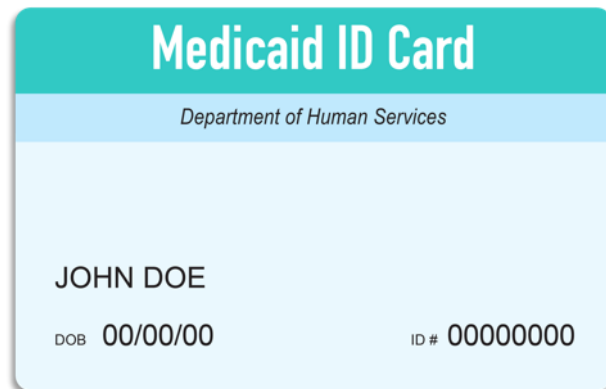
What is a D-SNP?

- D-SNP stands for Dual Eligible Special Needs Plan.
- D-SNPs are specialized Medicare Advantage plans created for those who qualify for both Medicare and Medicaid.
- You must have a state Medicaid plan and qualify for a Medicare Advantage plan to be able to get a D-SNP.



How do D-SNPs work?

With a D-SNP, Medicare is the primary payer for medical services, while Medicaid is the secondary payer. This means Medicare is the first to pay for covered medical services. Then Medicaid pays for most remaining qualified costs. Some members will have remaining out-of-pocket costs.



Why should you consider a D-SNP?

Much like a traditional Medicare Advantage plan, a D-SNP can include extra benefits that Original Medicare and Medicaid alone may not cover. This may include dental care, eye exams, transportation to doctor's appointments and more.



Dental care



Eye exams



Transportation

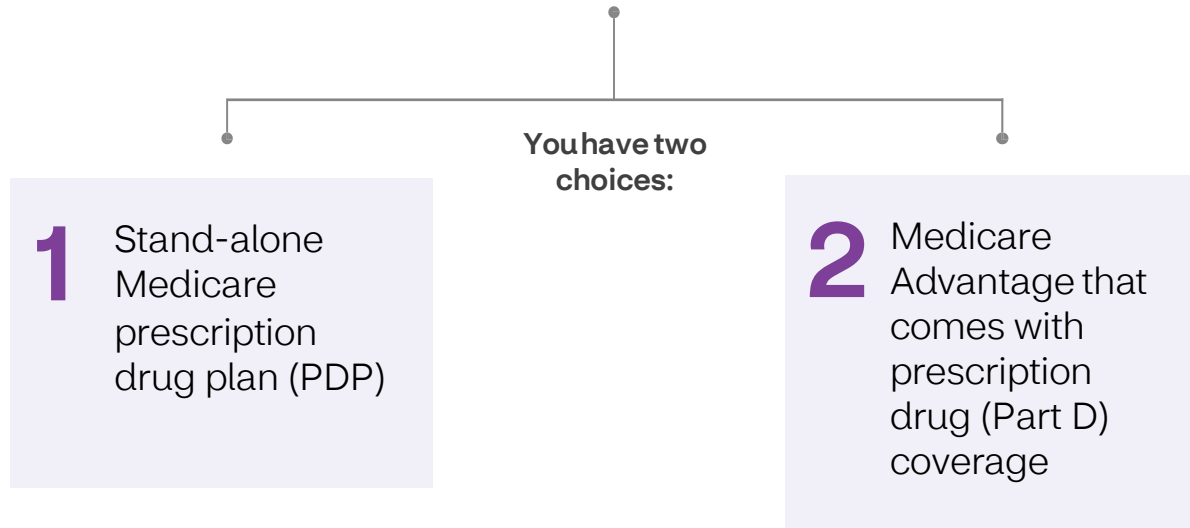
5.

Prescription drugs

Now let's look at Part D — the drug plan.

Here's how Part D works

You can buy this in addition to Part A and/or Part B if you do not have other creditable coverage.*



*Must be enrolled in both Part A and Part B to enroll in a Medicare Advantage plan.
More details about creditable coverage will be discussed on slide 46.

What you need to know about prescription drug coverage:

Stage 1

DEDUCTIBLE

Until you have reached your deductible, you'll pay the full discounted cost for your covered drugs. Some plans have a \$0 deductible.

Stage 2

INITIAL COVERAGE

After you have reached your deductible, you'll pay only part of the cost for your covered drugs.

Stage 3

COVERAGE GAP

After you and your plan have paid a total of \$4,660, you'll pay only part of the cost for your covered drugs until you reach \$7,400.

Stage 4

CATASTROPHIC COVERAGE

Once you have paid \$7,400, you are out of the coverage gap. You'll pay a set amount for your covered drugs for the rest of the year.

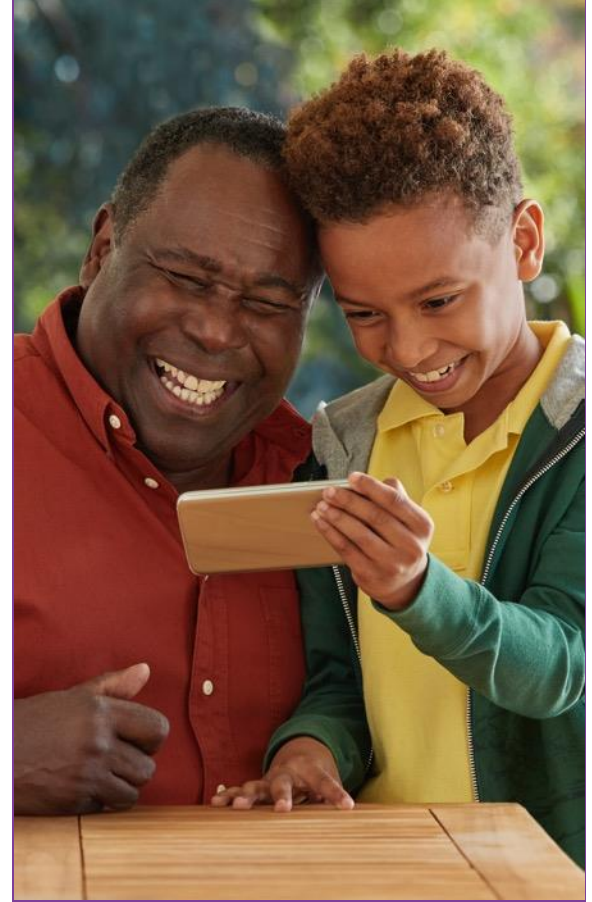
You can see the Evidence of Coverage (EOC) of your specific plan for complete coverage information.

Medicare Part D formulary

The formulary is a list of covered drugs, based on the most-used Medicare prescribed drugs.

A plan formulary may change at any time (you will receive notice when necessary).

For the most up-to-date formulary, visit the plan's website or call their customer service phone number.



6.

Adding more to your coverage.

Medicare Supplement Insurance

Supplemental Insurance

Sometimes called

Med Supp or Medigap

Original Medicare covers about 80% of Part B services. Med Supp can help reduce some out-of-pocket expenses like deductibles, coinsurance and copays.





Medigap plans

Sold by private insurance companies

- These help reduce some out-of-pocket costs such as deductibles and coinsurance.
- They don't include Part D drug coverage — you buy that separately.
- They do cover visits to any doctor who accepts Medicare patients.

Next steps

Bringing it all together

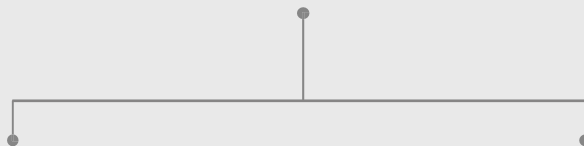
Step 1

Enroll in Medicare
Part A and Part B
when you're
first eligible.



Step 2

Now you have two ways to proceed:



1

Keep Original Medicare and add:

- Medicare Supplement Insurance
- Medicare Part D

2

Buy a Medicare Advantage plan.

This combines Medicare Part A, Part B and often Part D, and additional benefits.

Frequently asked questions

How do I enroll in Part A and Part B?

If you are getting Social Security when you turn 65, you'll automatically be enrolled.

If not, you'll need to sign up for Parts A and B. Contact Social Security three months before you turn 65. If you worked for a railroad, contact the Railroad Retirement Board.

Note: People on Social Security disability will automatically be enrolled in their 25th month of disability.

Frequently asked questions

When can I enroll in Part A and Part B?

You can enroll in the window:

- Three months before the month you turn 65
- Your birthday month
- The three months after the month you turn 65

What if I don't enroll in that window?

You may have to pay a penalty in the form of a higher premium.

Frequently asked questions

When can I enroll in Part C and Part D?

During the same seven-month window as Part B. That means during the three months before the month you turn 65, your birthday month and the three months after the month you turn 65.

Frequently asked questions

Are there other times I can enroll in Parts C and D?

From October 15 to December 7, all people with Medicare can change their health care plans.

During this Annual Enrollment Period you can:

- Switch to Medicare Advantage or Original Medicare
- Join a Medicare prescription drug plan
- Change plans

Frequently asked questions

Are there other times I can enroll in Parts C and D?

You can also enroll in Parts C and D during a Special Enrollment Period for special circumstances such as:

- Losing your employer coverage
- Moving to a new service area
- Qualifying for Extra Help

Frequently asked questions

Do I need to sign up for Medicare Part D?

As long as you receive “creditable” prescription drug coverage — then you do not need to sign up for a Part D plan.

“Creditable” means that Medicare considers your coverage to be as good as Part D. It can include coverage from a current employer, former employer or other source, such as a union or military Tricare coverage.

If you lose this coverage at some point, you’ll be eligible for a special enrollment period to enroll in a Part D plan without incurring a late-enrollment penalty.

Frequently asked questions

What if I'm late in signing up for Part D?

- You may face a late enrollment penalty.
- The penalty increases based on each month that you delay.
- This can get costly.

Frequently asked questions

When can I enroll in a Medicare Supplement Insurance (also called Medigap) plan?

Medicare Supplement Insurance has a six-month Open Enrollment Period. It automatically starts the first full month you're 65 and enrolled in Medicare Part B.

For example: If you turn 65 on April 3 but don't join Medicare Part B until May 25, your Medicare Supplement Insurance Open Enrollment Period will start on June 1. This is the first day of the month in which you are both 65 and enrolled in Part B.

During your six-month Open Enrollment Period, you can buy any Medicare Supplement Insurance policy sold in your state.

Frequently asked questions

Will a Medicare Supplement Insurance policy help me if I have health problems?

During the six-month Open Enrollment Period, you can purchase a Medicare Supplement Insurance policy even if you have pre-existing health conditions.

Even if you have a disability or have health problems, an insurance company cannot do any of the following:

- Refuse to sell you any Medicare Supplement Insurance policy it offers
- Charge you a higher premium than they charge others who are 65 and older
- Delay the start of your coverage

Frequently asked questions

What if I delay enrollment in a Medicare Supplement Insurance policy?

You can apply for a Medicare Supplement Insurance policy after your Open Enrollment Period ends. However, there's no guarantee your application will be accepted if you don't meet medical underwriting requirements, except in certain limited situations.

If you're able to buy a Medicare Supplement Insurance policy, there may be an additional cost in the form of a penalty. You incur this penalty from Medicare (not Aetna®).

Important dates and instructions

Enroll in a Medicare plan during your 7-month initial enrollment window. You can also enroll or change Medicare plans during AEP:

October 15 – December 7

Medicare Disclaimers:

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The formulary and/or provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. For accommodation of persons with special needs at meetings, call 1-833-258-3132 (TTY: 711).

Medicare Supplement Disclaimers:

The Medicare Supplement Insurance Plans are insured by Continental Life Insurance Company of Brentwood, Tennessee (Aetna), American Continental Insurance Company (Aetna), Aetna Health and Life Insurance Company (Aetna), or Aetna Health Insurance Company (Aetna).

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

This is a solicitation of insurance. Contact may be made by a Licensed Insurance Agent or Insurance Company. The Medicare Supplement Insurance Plans are guaranteed renewable as long as the required premium is paid by the end of each grace period. The policies have exclusions, limitations, terms under which the policy may be continued in force or discontinued. Plans do not pay benefits for any service and supply of a type not covered by Medicare, including but not limited to dental care or treatment, eyeglasses and hearing aids. Premium rates are subject to change and may vary based on the effective date of coverage, and information provided by you. See Plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST. In some states, Medicare Supplement Insurance Plans are available to under age 65 individuals that are eligible for Medicare due to disability or ESRD (end stage renal disease). Plans not available in all States.

Important Notice In Colorado: All Medicare Supplement standardized plans are offered to qualified individuals under 65.

Policy forms issued in OR include CLIMSP10A OR, CLIMSP10B OR, CLIMSP10F OR, CLIMSP10HF OR, CLIMSP10G OR, and CLIMSP10N OR. In ID, include AHLMS17A ID, AHLMS17B ID, AHLMS17F ID, AHLMS17HF ID, AHLMS17G ID, and AHLMS17N ID. In OK, include AHIMSP18A OK, AHIMSP18B OK, AHIMSP18F OK, AHIMSP18HF OK, AHIMSP18G OK, and AHIMSP18N OK. In TN, include CLIMSP19A TN, CLIMSP19B TN, CLIMSP19F TN, CLIMSP19G TN, CLIMSP19HG TN, and CLIMSP19N TN. In FL, include CLIMSP19A FL, CLIMSP19B FL, CLIMSP19F FL, CLIMSP19G FL, and CLIMSP19N FL. In OH, include CLIMSP19A OH, CLIMSP19B OH, CLIMSP19F OH, CLIMSP19G OH, CLIMSP19HG OH, and CLIMSP19N OH.

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Medicare Supplement rates based on issue age are valid only for enrollments with coverage starting before March 1, 2022.

Notice for Florida: This is a solicitation to sell Aetna Medicare Supplement coverage. Not connected with or endorsed by the U.S. government or the federal Medicare program. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Thank you

