This material is being provided to help explain Medicare in an easy-to-read format. It’s for educational purposes only and is not intended to be used to promote the purchase of Transamerica’s Medicare Supplement Insurance (Medigap) or Medicare Part D coverage.
8 THINGS TO KNOW ABOUT MEDICARE

1. IT DOESN’T COVER EVERYTHING.
   Most long-term care isn’t covered, and Medicare may require you to pay a deductible and/or a share of costs for some services.

2. IF YOU ENROLL ON TIME, YOU CAN AVOID EXPENSIVE PENALTIES.
   In general, be sure to sign up in the seven-month period that opens three months before the month you turn 65 and closes three months after that or during your special election period if you work past the age of 65.

3. IF YOU’RE WAITING UNTIL AFTER 65 TO TAKE SOCIAL SECURITY BENEFITS, REMEMBER TO STILL ENROLL FOR THE PARTS OF MEDICARE THAT YOU MAY WANT.
   That way you can avoid penalties.

4. BY MANAGING YOUR TAXABLE INCOME IN RETIREMENT, YOU CAN CONTROL YOUR MEDICARE PREMIUMS.
   Why pay more?

5. YOUR COVERAGE
   Remember to check whether coverage extends beyond your local area. That way there won’t be any surprises if you need healthcare while traveling.

6. HSA AND MEDICARE
   If you have a health savings account (HSA), Medicare says to stop contributing to it at least six months before applying for Medicare to avoid tax penalties. However, you can still use HSA money to pay Medicare Part B and D premiums.

7. IF YOU’RE UNHAPPY WITH YOUR COVERAGE, YOU CAN SHOP AROUND AND SWITCH DURING ANNUAL OPEN ENROLLMENT PERIODS.
   You don’t always have to keep the coverage you have if it doesn’t meet your needs.

8. MEDIGAP CHANGES
   Note that Medigap plans C and F will no longer be available to purchase by people who become newly-eligible for Medicare on or after January 1, 2020.*

This workbook is designed to help explain some of the ins and outs of Medicare in an easy-to-read way. No one should be using this to try to sell you any specific insurance product.

* “Compare Medigap Plan Benefits,” Medicare.gov, accessed August 2023
QUESTIONS TO CONSIDER BEFORE TURNING 65

AS YOU PREPARE FOR MEDICAL EXPENSES LATER IN LIFE, YOU MAY WANT TO CONSIDER THESE QUESTIONS:

• Will you continue to work and be covered by your employer’s healthcare plan?
• Is your spouse working? If so, will both of you be covered under his/her employer’s health plan?
• Have you talked to your employer’s human resources representative to confirm how employee insurance works after age 65? For some small employers, Medicare is the primary insurer for workers 65 and older.
• Do you know when you need to sign up? See the graphic below:

Write down the month that is three months BEFORE the month of your 65th birthday

3 MONTHS BEFORE

This is your personal initial enrollment window to sign up for Medicare to avoid penalties.

If you’re older than 65 but have health coverage under a group health plan through your job or another provider, you also can sign up penalty-free during the eight months that begin the month after your employment ends or the related group health coverage ends, whichever happens first.

Early enrollment can ensure you have no gaps in coverage.

Write down the month that is three months AFTER the month of your 65th birthday

3 MONTHS AFTER

• What are your estimated costs for the Medicare coverage you’ve chosen? (We can help you get a rough estimate later in this booklet.)
• If your spouse is younger than 65, how will he or she be covered for healthcare? If you have dependents, how will they be covered?
WHAT TO ASK WHEN CHOOSING HEALTH COVERAGE

WHEN YOU’RE CHOOSING COVERAGE, YOU’LL WANT TO KNOW THE BASICS, LIKE HOW MUCH YOU’LL HAVE TO PAY.

HERE ARE SOME COSTS TO KEEP IN MIND:

**Premium**
Amount you regularly pay throughout the year for coverage

**Deductible**
The amount of costs you pay out of pocket before coverage kicks in

**Co-pay/co-insurance**
Your share of costs on an individual medical bill

HERE ARE SOME QUESTIONS YOU MIGHT WANT TO CONSIDER WHEN BUYING HEALTH INSURANCE IN GENERAL:

- Which doctors or medical providers can I use under this policy? Will I be able to use my current doctor?
- Are prescription drugs covered? What about vision and dental care? How about hearing coverage?
- Will conditions that are important to me (physical therapy, psychiatric care, nursing home care, for example) be covered?
- What are the specific items and services the policy covers? What specifically won’t it cover?
- Will I be covered if I travel to a different state or country?
- How can I renew or cancel the policy?
- Are there any exceptions or limits on the policy paying for all of my medical care?
- Do I need to get prior approval or fulfill some other requirement before I can receive coverage for a certain procedure, such as seeing a specialist?
- What is the process for handling disputes over claims? How can I challenge a denial of coverage for a certain service?
IF YOU CHOOSE ORIGINAL MEDICARE

1. Add potential costs for Part A, which covers hospital care:
   a. Have you (or your spouse) paid at least 10 years of Medicare taxes over the years, perhaps through paycheck deductions via your employer(s)?
      If yes, enter $0. __________________________
      If no, add the potential cost of up to $6,072.*

   b. Do you owe a penalty for not signing up for Part A when you were first eligible? There may be a 10% surcharge on your monthly premium for the first few years of coverage, unless you signed up during a special enrollment period (for example, if you were still working past age 65).
      If you owe the penalty, enter 10% of Line 1a here: $ __________________________
      Add lines 1a and 1b = $ __________________________

Other potential Part A costs:
   c. Deductible for inpatient hospital stays for each benefit period, keeping in mind there can be several benefit periods per year if more than 60 days pass between stays. In 2023, the deductible is $1,600 for each benefit period.*
      $ __________________________
   d. Co-insurance of $400 per day in 2023 for days 61–90 of a longer hospital stay.*
      $ __________________________
   e. Co-insurance of $800 per day in 2023 after day 90 of your hospital stay for each benefit period.*
      $ __________________________

Note: When you stay longer than 90 days in a single hospital stay, those extra days count toward your “lifetime reserve days,” of which you get up to 60 during your lifetime. You’re responsible for all costs of extra days of that hospital stay if you go beyond the lifetime reserve days.* If your stay is in a skilled nursing facility, there is co-insurance for days 21-100 of your stay of $200 per day per benefit period in 2023.*

* “2023 Medicare Costs,” CMS.gov, November 2022
2. Add potential costs for Part B (which usually come out of your Social Security benefits) for doctor services, outpatient care, medical supplies, and preventive care:
   a. If any of the following apply to you, use the chart below to find your monthly premium: You’re a new enrollee for 2023, you don’t get Social Security benefits, you have both Medicare and Medicaid with Medicaid paying your premiums, or you are considered a high-income earner. The income to use here is your modified adjusted gross income (MAGI) that was reported on your IRS tax return from two years ago. (Depending on income and the Social Security cost-of-living adjustment, some already enrolled in Medicare will pay a smaller premium.)

<table>
<thead>
<tr>
<th>IF YOUR MAGI FOR 2021 WAS (AS YOU REPORTED ON THE TAX RETURN YOU FILED IN 2022)</th>
<th>YOU PAY MONTHLY IN 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>File individual tax return</td>
<td>File joint tax return</td>
</tr>
<tr>
<td>$97,000 or less</td>
<td>$194,000 or less</td>
</tr>
<tr>
<td>above $97,000 up to $123,000</td>
<td>above $194,000 up to $246,000</td>
</tr>
<tr>
<td>above $123,000 up to $153,000</td>
<td>above $246,000 up to $306,000</td>
</tr>
<tr>
<td>above $153,000 up to $183,000</td>
<td>above $306,000 up to $366,000</td>
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<tr>
<td>above $183,000 and less than $500,000</td>
<td>above $366,000 and less than $750,000</td>
</tr>
<tr>
<td>$500,000 or above</td>
<td>$750,000 or above</td>
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   Monthly premium x 12 = $ ________________

   b. Add the deductible for 2023 of $226.1

   Add lines 2a through 2c = $ ________________

   c. Do you owe a penalty for signing up late for Part B? If so, your monthly premium could rise by 10% per 12-month period that you were eligible to sign up but didn’t (unless you qualify for an exception that lets you sign up during a special enrollment period).

   Add lines 2a through 2c = $ ________________

   Note: (You also may owe 20% of the cost of certain services or medical equipment.)

3. a. If you want to buy a Medicare Supplement Insurance (Medigap) policy to help with out-of-pocket expenses that Original Medicare doesn’t cover, make sure to budget for that. Premiums can vary widely depending on your policy or coverage, plus factors including your age, where you live, medical underwriting, and discounts. Note that Medigap plans C and F will no longer be available to purchase by people who become newly-eligible for Medicare on or after January 1, 2020.2

   $ ________________

1 “2023 Medicare Costs,” CMS.gov, November 2022
2 “Compare Medigap Plan Benefits,” Medicare.gov, accessed August 2023
b. Enter the deductible for the Medigap plan (some plans have no deductible) or $0 if you don’t want a Medigap plan. If you choose a high deductible Medigap plan, enter $2,700¹ (deductibles for 2023 may be as high as this amount).

Add lines 3a and 3b =

4. Add potential costs for Part D prescription drug coverage.

a. Use the chart below to fill in your monthly premium (although it varies by plan, the average national premium is $32.74).²

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<tr>
<td>(AS YOU REPORTED ON THE TAX RETURN YOU FILED IN 2022)</td>
<td>Your plan premium</td>
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Monthly premium x 12 = $ _________________

b. Do you owe a penalty for enrolling late in Part D?

If no, enter $0.

If yes, Medicare calculates the penalty by multiplying 1% of the “national base beneficiary premium” ($32.74 in 2023)² times the number of full, uncovered months you didn’t have Part D or creditable coverage. The monthly premium is rounded to the nearest $.10 and added to your monthly Part D premium.

Add lines 4a and 4b =

Now add the totals of each amount highlighted in red. This is a very rough estimate of what you might pay each year with Original Medicare (Parts A and B) with optional Medicare Supplement Insurance and Medicare Part D coverage.

GRAND TOTAL = $ _________________

¹ “F, G & J Deductible Announcements,” CMS.gov, October 2022
² “2023 Medicare Costs,” CMS.gov, November 2022
IF YOU CHOOSE MEDICARE ADVANTAGE (PART C)

Costs for Medicare Advantage could be close to what you would pay under Original Medicare, but that will depend on several factors, including your policy’s deductibles, co-pays, co-insurance, premiums, and whether it pays any of your monthly Part B premium.

The Centers for Medicare & Medicaid Services states that the average premium for Medicare Advantage plans will be lower in 2023 at $18 per month, down from over $19 per month in 2022.*

Monthly premium (on average, $18) x 12* = $ _______________________

Out-of-pocket costs = $ _______________________

GRAND TOTAL = $ _______________________

* "Biden-Harris Administration Announce Lower Premiums for Medicare Advantage and Prescription Drug Plans in 2023," CMS.gov, September 2022

Learn more online:

medicare.gov

Make the most of Medicare.

To learn more about Transamerica’s Medicare series and to get support materials:

Contact: Your financial professional or visit medicare.gov.