



Which Medicare Plan Is Right for You?

Parcheesi or Monopoly, Trivial Pursuit or Scrabble, checkers or chess? These choices are easy. Picking the right Medicare plan? That can be hard.

Do you want Original Medicare (Parts A and B)? Should you add prescription drug coverage (Part D)? What about Medigap insurance? Or is Medicare Advantage (Part C) – which generally combines Parts A, B, and D—better for you? Sometimes, it might feel like a roll of the dice!

Before you get lost, take a step back. You want to pick a plan right for you. So, think about what your life will look like after 65. You can start by asking these 5 questions to figure out your next move.

1. Will you be on a fixed income?

For most seniors, health care is more expensive than anything else, except your house. The cost of a Medicare plan can depend on many things. But:

If you choose Original Medicare (Parts A and B):

- If you or your spouse worked and paid Medicare taxes for the required amount of time (40+ quarters), you won't pay a monthly Part A premium. Most people don't pay for Part A.
- Expect to pay a Part B monthly premium and a deductible, then 20% of all Part B fees. And there's no yearly limit on what you pay out of pocket. Additional Medicare Supplement Insurance (Medigap) can help. You'll pay a private insurance company a separate monthly premium for a Medigap plan along with your Part B monthly premium you pay to Medicare.
- **If you add in Prescription Drug coverage (Part D):** You pay another premium. The cost of your medicine depends on several factors.

If you choose Medicare Advantage (Part C):

You pay the monthly Part B premium and also pay the plan's monthly premium. You will also pay copays and meet a deductible for services. However, there's a set amount you'll never go over during the plan year. Each plan's set amount is different. This is called the annual out-of-pocket maximum.

2. Do you want to see a specific doctor?

For many people, the answer is yes.

- **Original Medicare (Parts A and B):** You can go to any doctor or hospital that takes Medicare anywhere in the U.S. Be sure they accept Medicare before scheduling your appointment.
- **Medicare Advantage (Part C):** In many cases, you'll need to use doctors and other providers who are in the plan's network for non-emergency care. Some plans offer non-emergency coverage out of network, but typically at a higher cost. You may also need to get a referral from your primary care doctor to see a specialist.

3. Do you care about having your eyes, ears, and teeth checked?

Medicare Advantage may be a better choice. These plans often cover vision, hearing, and dental – sometimes at no extra cost.

4. Do you plan to travel?

Does your retirement include crossing the U.S. in an RV? Or will you be visiting grandkids out of state?

- **Original Medicare (Parts A and B):** You're covered in the U.S., if the provider accepts Medicare. Again, be sure and call before scheduling an appointment.
- **Medicare Advantage (Part C):** Your plan may include in-network doctors and hospitals where you're traveling. Or out-of-network doctors may be available at a higher cost. You also have emergency and urgent care outside your network. Copays or coinsurance may apply. But be careful: If you travel outside your plan's service area for more than six months in a year, you may be automatically disenrolled from your plan.

Traveling outside the U.S.?

- **Original Medicare (Parts A and B):** Typically, does not provide any coverage outside the U.S.
- **Medicare Advantage (Part C):** Some plans do offer emergency coverage anywhere in the world. Medicare Advantage members can always check with their plan's Customer Service.
- Be aware: Neither plan covers routine care outside the U.S. So, travel medical insurance may be the way to go.

5. What if you don't know what you want?

We get it. It's hard to decide, especially when your needs might change.

Figuring out these questions during this stage of life is harder than playing the game of Life! If you need any help, our licensed insurance agents are always ready to chat with you. You can count on us – and that's one thing that puts you ahead of the game.

The plans are PDP, HMO, PPO with a Medicare contract. Their SNPs also have contracts with State Medicaid programs. Enrollment in any plan depends on contract renewal. Medicare Transition Services (MTS) is not connected with or endorsed by the U.S. Government or the Federal Medicare Program. MTS is a program offered by Carefree Insurance Services, Inc.® We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE (TTY: 1-877-486-2048), 24 hours a day, 7 days a week, to get information on all your options. This is a solicitation of insurance. Plans not available in all states. Contact may be made by a licensed insurance agent or insurance company. The MTS program is not offered as part of an employer sponsored benefit plan. Recommendations made by an MTS employee or licensed agent are recommendations of MTS and should not be deemed to be endorsed by your employer. Please refer to aetnamedicare.com/en/footer/disclaimers.html for Nondiscrimination, Language Assistance, and Effective Communication for Individuals with Disabilities.