

-

Need Help? **1-888-559-0103**

Medicare Essentials Packet

info@medicarenationwide.com

2025 Medicare Costs & Premiums



Part - A is inpatient hospital insurance per benefit period that includes skilled nursing facility

A benefit period starts on the first day of service as an inpatient and ends when you have not received skilled care or hospital care for 60 days in a row.

| Inpatient Hospital Stay | Medicare Covers | You Pay |
|---|--|--|
| Deductible | NOTHING | \$1,676 per benefit period |
| 1-60 Days | Medicare-approved confinement costs <u>after</u> patient pays deductible not co-insurance met | \$0 per day of each benefit period |
| 61-90 Days | Medicare-approved expenses <u>after</u> patient pays per day co-insurance met. | \$419 per day of each benefit period |
| 60 lifetime reserve days | Medicare-approved expenses <u>after</u> patient pays per day co-insurance met. | \$838 per day after day 90 of each benefit period |
| 91-150 Days | Medicare-approved expenses <u>after</u> patient pays per day co-insurance met. | \$838 A Day Coinsurance as much as \$50,280 |
| 151 DAYS OR MORE | NOTHING | YOU PAY ALL COSTS |
| Skilled Nursing Facility Stay | | Days 1-20 |
| Eligibility requires three days as an inpatient hospital stay and within 30 days of discharge to be entered into a Medicare approved skilled nursing facility to receive skilled nursing care. | Medicare-approved expenses for first 20 days, then only expenses after patient pays per-day co-insurance for days 21-100. | \$0 per day of each benefit period Days 21-100 \$209.50 per day of each benefit period |
| Hospice Care | Medicare-approved expenses, | Medicare |
| Meet Medicare's requirements, including proof of terminal illness. | exceptions limited to co-payments for outpatient drugs and inpatient respite care. | Co-Payment |
| Blood | 100% of Medicare-approved amount <u>after</u> patient pays first 3 pints of blood. | First 3 Pints |



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2025 MEDICARE

Part - B is Outpatient Medical Insurance that covers physician, test and supplies - per calendar year.

| Outpatient Expenses | Medicare Covers | You Pay | | | |
|--|--|--|--|--|--|
| Calendar Year Deductible | Incurred Expenses after the required Medicare deductible. | \$257 per calendar year | | | |
| Medical Expenses Inpatient & Outpatient medical/surgical services for physicians; physical & speech therapy & outpatient diagnostic tests. | 80% of approved amount. | Generally 20% after \$257 deductible is met | | | |
| Excess Charges Up to 15% above for physicians that don't accept Medicare Assignment. | 0% Above approved amount. | ALL COSTS | | | |
| Clinical Lab Services | Generally 100% of approved amount | Nothing for services | | | |
| Blood | 80% of approved amount <u>after</u> first 3 pints of blood. | First 3 pints plus 20% of approved amount for additional pints. | | | |
| Home Healthcare | 100% of approved amount; 80% of approved amount for durable medical equipment. | Nothing for services; 20% of approved amount for durable medical equipment | | | |
| Outpatient Hospital Treatment | Medicare payment to hospital, based on outpatient procedure payment rates. | Coinsurance based on outpatient payment rates | | | |



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PART B

(Medical)



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MEDICARE SUPPLEMENT INSURANCE (MEDIGAP) PLANS 2025

| Benefits | A | В | C | D | F | HDF | G | HDG | K | L | M | N |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|-------------------------------|--------------|--------------|
| Medicare Part A Coinsurance & hospital cost (up to an additional 365 days after Medicare benefits are used) | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ |
| Medicare Part B Coinsurance &copayment | \checkmark | 50% | 75 % | \checkmark | \checkmark |
| Blood (First 3 pints) | \checkmark | 50% | 75% | \checkmark | \checkmark |
| Part A hospice care (First 3 pints) | \checkmark | 50% | 75 % | \checkmark | \checkmark |
| Skilled nursing facility care (First 3 pints) | | | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | 50% | 75% | \checkmark | \checkmark |
| Part A Deductible: \$1,676 | | \checkmark | 50% | 75 % | 50% | \checkmark |
| Part B Deductible: \$257 | | | \checkmark | | \checkmark | \checkmark | | | | | | |
| Part B Excess Charges | | | | | \checkmark | \checkmark | \checkmark | \checkmark | | | | |
| Foriegn Travel Emergency (Up to plan limits) | | | 80% | 80% | 80% | 80% | 80% | 80% | | | 80% | 80% |
| | | | | | | | | | | ocket limit \$3,610 | | |

- HDF and HDG are deductible versions of the F and G, respectively. If you choose one of the options, this means that you must pay for Medicare-covered costs up to the deductible amount of \$2,870 (2025) before your Medigap plan pays anything.
- Plan N pays 100% of the Part B coinsurance, except for a copayment, of up to 20\$ for some office visits and up to \$50 copayment for emergency room visits that don't result an inpatient admission.
- Plan F, High Deductible Plan F (HDF) & PLan C are ONLY available to those who were considered Medicare-eligible prior to 2020.





Medicare Supplement VS Medicare Advantage

Medigap vs Medicare Advantage - Chart gives a quick side-by-side breakdown of the differences:

| | Medigap Plan | Medicare Advantage |
|------------------------------|---|--|
| Doctors & Hospitals | You choose your doctor and hospital | Required to use approved doctors and hospitals |
| Specialists | No referrals needed | Must first see your PCP |
| Approvals for procedures | None | Yes |
| Networks | No network resrictions. Nationwide coverage | HMO - Cannot leave network. PPO - Can go out of network at a much higher cost |
| When you can change plans | Any time in the year | Specific times in the year |
| Out-of-Pocket Costs | Little to none | Plan dependent. Up to \$10,000 assuming the procedures are approved |
| Prescription Drugs | Not included, but much wider selection of options which saves you money | Included, but the carrier decides your plan which usually costs more in copay |
| Cancer coverage | Usually 100% coverage depending on the medigap plan | You pay 20% |

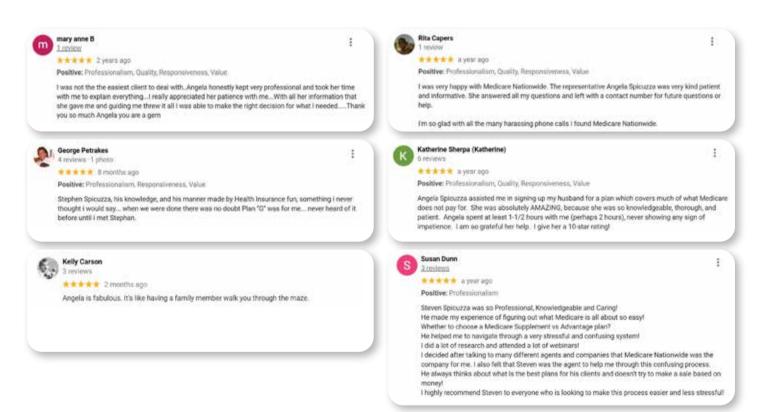
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"We want you to work with us. Here's Why..."

The biggest Medicare obstacle is finding the right agent to work with, and it can be argued that it's the most important decision you will make when understanding your choices. Most seniors are primarily concerned with premium and carrier. We agree they are essential, but choosing an agent you can turn to over the years and receive objective feedback is vitally important as well. We feel it's even more important as switching carriers due to high rate increases and other factors is all too common. As you will come to learn if you haven't already.

Why should you choose us?

- We are independent and that means we can provide you unbiased advice on all Medicare carriers.
- We are contracted with 20+ carriers which allows us to find the most comprehensive plans at the lowest cost.
- We have 100's of Five-Star reviews from our clients on Google, Facebook, and Trust Pilot (Go ahead and search for yourself!)
- It is completely free to work with us.
- We are licensed to serve your State (that's right we are in 49 states)



Most importantly, we provide ongoing customer service, including a review call every year which ensures you're always with the right Medicare supplement and Drug Plan carrier. We want the opportunity to earn your trust and alleviate any confusion you might have in the process. Trust is not assumed, it is earned. Please call us to discuss your options, and we can provide you with a no-obligation quote on rates in your area today, or schedule a time to discuss your needs in the future.



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