

Medicare Guidebook

# Matt Medicares Insurance

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*Your Medicare Journey  
Made Simple*



# Table of Contents \_\_\_\_\_

## **Medicare Basics** – P. 03

- ▶ Learning the Basics
- ▶ Medicare Basics Quick View
- ▶ When am I eligible?
- ▶ A word about penalties
- ▶ When do I enroll?

## **Explore Plans**– P. 05

- ▶ Your Medicare choices
- ▶ Factors to consider: benefits and costs
- ▶ What is Medicare Part C?
- ▶ What is Medicare Part D: Prescription Drug Coverage?
- ▶ Inside the coverage gap

## **Medicare Supplement Insurance Plans** – P. 08

- ▶ What Are Medicare Supplement (Medigap) Plans?
- ▶ Why would I need a supplement plan?
- ▶ Types of Medigap Plans
- ▶ When Should I Enroll in a Medigap Plan?
- ▶ How Can Matt Help?

## **Medicare and Veterans** – P. 09

- ▶ TRICARE for Life
- ▶ VA Benefits

## **Resources**– P. 09

- ▶ Find more help
- ▶ Additional tools:

## **Glossary** – P. 10

*[www.mattmedicares.com](http://www.mattmedicares.com)*

## Learning the Basics

Medicare is a government health insurance program that helps millions of people aged 65 and older (and some individuals younger than 65 with certain disabilities) get the healthcare they need.

Medicare consists of four parts, each covering different benefits: Parts A, B, C, and D. Original Medicare (Parts A and B) covers a wide range of health services, but they don't cover everything. You can combine certain Medicare parts to fit your health and budget. Understanding these options can lead to savings and prevent costly mistakes.

Let's get started with **Matt Medicares Insurance**. Visit us at [www.mattmedicares.com](http://www.mattmedicares.com) or call **805-322-8053** to speak with Matt, an independent Medicare agent.

Working with an independent agent like Matt means you get unbiased advice and access to a wide range of plan options from various carriers. Unlike agents tied to one company, Matt tailors recommendations to fit your unique needs and budget.

To better understand Medicare, think of it as a foundational health plan that can be customized with additional coverages. Educating yourself about these options ensures you make informed decisions that fit your needs and budget.

## Medicare Basics Quick View

- ▶ **Medicare Part A:** Helps pay the costs of inpatient care in a hospital, a skilled nursing facility, home health care (not long-term care), and hospice care. Covers room, meals, and some medical services.
- ▶ **Medicare Part B:** Covers doctor visits, outpatient care, and most medicines administered in a doctor's office. Includes preventive services like screenings and vaccinations.
- ▶ **Medicare Part C (Medicare Advantage):** Combines Medicare Parts A and B, often includes prescription drug coverage, and may offer additional benefits like dental or vision care.
- ▶ **Medicare Part D:** Helps pay for prescription drugs, providing a formulary of covered medications tailored to your needs.
- ▶ **Medicare Supplement Insurance:** Helps reduce your annual out-of-pocket expenses, such as deductibles and coinsurance.

*For more details, reach out directly to Matt at 805-322-8053 for personalized assistance.*



## When am I Eligible?

Eligibility for Medicare Parts A and B (Original Medicare):

- ▶ Age 65 or older.
- ▶ Younger than 65 with a qualifying disability.
- ▶ Any age with end-stage renal disease.

Enrollment in Part A is automatic if you already receive Social Security benefits. Otherwise, you must enroll at [Medicare.gov](https://www.medicare.gov) or through your local Social Security office.

For those nearing age 65, start preparing three months prior to your birthday to ensure a seamless transition to Medicare coverage.

## When Do I Enroll?

- ▶ **Initial Enrollment Period (IEP):** A seven-month window surrounding your 65th birthday.
  - Enroll early to ensure you have coverage when you turn 65.
- ▶ **Annual Enrollment Period (AEP):** October 15 – December 7 each year. Review your plan annually to ensure it meets your needs.
- ▶ **Medicare Advantage Open Enrollment Period (OEP):** January 1 – March 31 each year. Make changes to your Advantage Plan if needed.
- ▶ **Special Enrollment Period (SEP):** Available under certain qualifying conditions, such as losing employer coverage.

*For personalized guidance, reach out directly to Matt at 805-322-8053 for personalized assistance.*

## A Word About Penalties

Failing to sign up for Medicare Part B or Part D when first eligible may result in higher monthly premiums. Certain exceptions apply, such as having group health insurance. Learn more by visiting [www.mattmedicares.com](https://www.mattmedicares.com).

Planning ahead can help you avoid penalties. Evaluate your current coverage and consider enrolling on time to save money in the long run.



2025  
START



## Your Medicare Choices

You can get Medicare coverage in one of two ways:

1. Enroll in Medicare Parts A and B, then:
  - Add a Medicare Supplement Insurance plan to cover additional costs like deductibles and coinsurance.
  - Add a stand-alone Prescription Drug Plan (Part D) for medication coverage.
2. Choose a Medicare Advantage (Part C) plan, which may include drug coverage, vision, dental, and wellness programs. Many Advantage plans provide bundled benefits.

Using an independent agent like Matt ensures you get unbiased advice to help compare these options and choose what works best for you. For guidance, reach out to **Matt Medicares Insurance** at **805-322-8053**.

## Factors to Consider: Benefits and Costs

1. **Doctor and Hospital Choices:** Ensure your providers accept the Medicare plan you're considering. Research in-network providers to reduce out-of-pocket costs.
2. **Benefits:** Does the plan cover everything you need, including prescription drugs, dental, and vision care? Check for extras like wellness programs.
3. **Costs:** Assess premiums, deductibles, and out-of-pocket maximums. Look at how your budget aligns with the plan's total cost.

With Matt's help, you can create a checklist to compare plans and narrow down the best options for your unique needs.



## What is Medicare Part C?

Medicare Part C, also known as Medicare Advantage, is an alternative way to receive your Medicare benefits. Offered by private insurance companies approved by Medicare, these plans bundle coverage for Medicare Parts A (hospital insurance) and B (medical insurance) into a single plan, often with added perks.

### KEY FEATURES OF MEDICARE PART C:

- ▶ **Comprehensive Coverage:** Combines hospital and medical insurance, often with prescription drug coverage (Part D).
- ▶ **Additional Benefits:** Many plans offer coverage for services not included in Original Medicare, such as dental, vision, hearing, and wellness programs.
- ▶ **Cost Predictability:** Medicare Advantage plans often have an annual out-of-pocket maximum, which can help manage healthcare expenses.
- ▶ **Provider Networks:** Plans may use HMO or PPO networks, allowing you to choose providers within or outside the network, often at different cost levels.

### TYPES OF MEDICARE ADVANTAGE PLANS:

- ▶ **Health Maintenance Organization (HMO):** Requires using network providers and choosing a primary care physician.
- ▶ **Preferred Provider Organization (PPO):** Offers more flexibility to see out-of-network providers but at a higher cost.
- ▶ **Private Fee-for-Service (PFFS):** Allows you to visit any Medicare-approved provider who accepts the plan's terms.
- ▶ **Special Needs Plans (SNPs):** Tailored for individuals with specific health conditions or circumstances.

### WHY CHOOSE MEDICARE ADVANTAGE?

- ▶ **Simplicity:** One plan can cover all your healthcare needs, reducing the complexity of managing multiple policies.
- ▶ **Savings:** Some plans have low or \$0 premiums while still offering robust benefits.
- ▶ **Extras:** Access additional services like gym memberships, telehealth options, and chronic disease management programs.

### IS MEDICARE PART C RIGHT FOR YOU?

Is Medicare Part C Right for You? Medicare Advantage is ideal for those who want additional benefits, lower premiums, and a plan that simplifies their healthcare experience. However, it's important to check if your preferred doctors and hospitals are in the plan's network.

### HOW CAN MATT HELP?

As an independent Medicare agent, Matt will help you compare Medicare Advantage plans from different providers, ensuring you find one that aligns with your health needs and budget. Contact Matt at 805-322-8053 to explore your options and get personalized support tailored to your needs.

## What is Medicare Part D?

Medicare Part D is a vital program that helps cover the cost of prescription medications. It's available through private insurance companies approved by Medicare, offering a variety of plans to fit different healthcare needs and budgets.

### KEY FEATURES OF MEDICARE PART D:

- ▶ **Comprehensive Drug Coverage:** Each plan includes a formulary—a list of covered medications—to ensure beneficiaries have access to essential drugs.
- ▶ **Tiered Pricing:** Drugs are categorized into tiers, with generic drugs often costing less than brand-name drugs.
- ▶ **Pharmacy Networks:** Plans typically partner with specific pharmacies to provide cost-effective options for beneficiaries.

### WHY CHOOSE MEDICARE PART D?

- ▶ Protect yourself from high prescription drug costs.
- ▶ Ensure access to necessary medications, including those for chronic conditions.
- ▶ Benefit from the consistent cost-sharing structure in 2025, eliminating the "donut hole" phase.

### HOW DOES MEDICARE PART D WORK?

- ▶ **Premiums:** Plans have monthly premiums that vary by provider and coverage level.
- ▶ **Deductibles:** Some plans require you to meet a deductible before coverage begins.
- ▶ **Cost Sharing:** After meeting the deductible, you'll share costs through copayments or coinsurance for your prescriptions until you reach the catastrophic coverage threshold.

For assistance navigating Part D plans, comparing formularies, or understanding costs, contact Matt at 805-322-8053 or visit [www.mattmedicares.com](http://www.mattmedicares.com) for personalized support tailored to your needs.

## Inside the Coverage Gap

As of 2025, the Medicare Part D coverage gap, often referred to as the "donut hole," has been fully eliminated. Beneficiaries now pay a consistent percentage of their prescription drug costs throughout their plan's coverage phases, until reaching the catastrophic coverage threshold.

This change simplifies prescription drug costs and ensures beneficiaries have more predictable expenses. If you have questions about how these updates impact you, contact Matt at 805-322-8053 for clear, personalized guidance.

- ▶ Utilize generic medications when possible.
- ▶ Look into assistance programs for additional savings.
- ▶ Consult with Matt for strategies to minimize out-of-pocket expenses during this phase.



# Medicare Supplement Insurance Plans

## What Are Medicare Supplement (Medigap) Plans?

Medicare Supplement Insurance, commonly known as Medigap, is designed to fill the gaps in Original Medicare coverage. These private insurance policies help pay for costs such as copayments, coinsurance, and deductibles that Medicare Parts A and B do not cover. Medigap plans are standardized across most states, meaning the basic benefits are the same, regardless of the insurance company.

## Why Would I Need a Supplement Plan?

Medicare Supplement (Medigap) plans provide financial protection and peace of mind by covering out-of-pocket costs that can add up quickly with Original Medicare. With a Medigap plan, you can:

- ▶ Access any doctor or specialist who accepts Medicare, without worrying about network restrictions.
- ▶ Budget more predictably for your healthcare costs.
- ▶ Reduce unexpected medical expenses, especially during emergencies or prolonged hospital stays.

## Types of Medigap Plans

There are 10 standardized Medigap plans available, labeled A through N. Each plan offers a different combination of benefits. For example:

- ▶ **Plan F:** Comprehensive coverage, including Part A and B deductibles (available to those eligible before 2020).
- ▶ **Plan G:** Covers all benefits except the Part B deductible, making it a popular choice for new enrollees.
- ▶ **Plan N:** Offers lower premiums while covering essential benefits, with small copayments for office and ER visits.

## When Should I Enroll in a Medigap Plan?

The best time to enroll is during your six-month Medigap Open Enrollment Period, which begins the first month you're 65 or older and enrolled in Medicare Part B. During this time, you can purchase any Medigap plan available in your area without medical underwriting. Outside this period, your application may be subject to underwriting, and you could be denied coverage or charged higher premiums based on health conditions.

## How Can Matt Help?

As an independent agent, Matt works with multiple insurance companies to find the right Medigap plan for your needs and budget. Whether you're looking for comprehensive coverage or a cost-effective option, Matt's expertise ensures you make the best choice for your healthcare journey.

*Call Matt at 805-322-8053 to explore your options and get personalized guidance on Medigap plans. to learn more.*



## TRICARE for Life (TFL)

- ▶ TFL works with Original Medicare to cover most out-of-pocket costs. It offers robust coverage, including prescription drugs.

## VA Benefits

- ▶ VA coverage works independently of Medicare, so it's essential to coordinate the two effectively.
- ▶ A separate Part D plan may be needed for non-VA-covered prescriptions. Review your coverage to avoid gaps.

*Veterans can access tailored guidance by calling Matt for advice on how Medicare integrates with your benefits.*



## Resources

### Find More Help

- ▶ Visit [www.mattmedicares.com](http://www.mattmedicares.com) for more resources.
- ▶ Speak directly with Matt at 805-322-8053.
- ▶ Check out your state's SHIP program for personalized counseling.

### Additional tools:

- ▶ Use Medicare.gov's Plan Finder tool to compare options.
- ▶ Attend free webinars or workshops on Medicare basics.

*This guidebook is provided by Matt Medicares Insurance to help you make informed Medicare decisions. For more information, visit [www.mattmedicares.com](http://www.mattmedicares.com) or call 805-322-8053.*

## **ANNUAL ENROLLMENT PERIOD (AEP)**

From Oct. 15 – Dec. 7, people who are Medicare-eligible can enroll in, disenroll from, or change to the Medicare Advantage or Medicare Prescription Drug Plan of their choice for the following year.

## **CAREGIVER**

A person who helps meet another person's needs and perform the activities of daily living.

## **COINSURANCE**

The percentage of costs for covered medical services or prescriptions that you pay out-of-pocket.

## **COVERAGE GAP**

The temporary limit on what drug plans cover, also known as the "donut hole." As of 2025, the gap is fully eliminated, and beneficiaries pay consistent costs throughout coverage phases.

## **FORMULARY**

A list of prescription drugs your plan covers. Each plan's formulary may differ, so it's important to check it for medications you use regularly.

## **HEALTH MAINTENANCE ORGANIZATION (HMO)**

A type of plan that requires you to choose a primary care physician in the plan's network to coordinate your care. HMOs may limit coverage to services within the network except for emergencies.

## **INITIAL ENROLLMENT PERIOD (IEP)**

A seven-month window during which you can sign up for Medicare when first eligible. It includes the three months before, the month of, and three months after your 65th birthday.

## **MEDICALLY NECESSARY**

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, or condition that meet accepted standards of medicine.

## **CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

The federal agency that runs the Medicare and Medicaid programs.

## **COPAYMENT**

The fixed amount you pay for a covered health care service when you receive medical services or have a prescription filled.

## **DEDUCTIBLE**

The amount you owe for medical services or prescriptions before your plan begins to pay for your benefits.

## MEDICARE ADVANTAGE (MEDICARE PART C) PLANS

These Medicare-approved plans are offered by private companies and combine Part A and Part B coverage, often with additional benefits like vision and dental. Many also include prescription drug coverage.

## MEDICARE PARTS A AND B (ORIGINAL MEDICARE)

Fee-for-service coverage under which the government pays your health care provider directly for your Part A (Hospital Insurance) and Part B (Medical Insurance) benefits.

## MEDICARE SUPPLEMENT (MEDIGAP) INSURANCE PLANS

Plans sold by private insurance companies to help cover expenses that Original Medicare doesn't, such as deductibles, coinsurance, and copayments.

### NETWORK

A group of facilities, providers, and suppliers contracted with your health insurer or plan to provide health care services at lower costs.

### PREFERRED PROVIDER ORGANIZATION (PPO)

A type of plan that contracts with medical providers to create a network of participating providers. You can use doctors, hospitals, and providers outside the network, but at a higher cost.

### PRIVATE FEE-FOR-SERVICE PLAN (PFFS)

A Medicare Advantage plan that allows you to visit any Medicare-approved provider who agrees to the plan's payment terms. Some PFFS plans may also have networks. *For more detailed explanations or questions, contact Matt at 805-322-8053 or visit [www.mattmedicares.com](http://www.mattmedicares.com).*

Turning 65 is a critical point in understanding and enrolling in Medicare, the federal health insurance program designed for older adults and individuals with certain disabilities. Here's what you need to know about becoming eligible for Medicare at 65 and the enrollment process.

### AUTOMATIC ENROLLMENT

If you are already receiving Social Security or Railroad Retirement Board benefits, you are automatically enrolled in Medicare Part A. You will need to opt into Part B. You'll receive your Medicare card about three months before your 65th birthday. If you are not yet receiving Social Security benefits, you will need to actively enroll in Medicare through the Social Security Administration.

### PREMIUM

The periodic amount you pay to Medicare or a health plan for health insurance or prescription drug coverage.

### OUT-OF-POCKET COSTS

Expenses you pay for medical care, prescriptions, and other services not reimbursed by your insurance. This includes deductibles, coinsurance, and copayments.

### ELIGIBILITY AND ENROLLMENT

At age 65, most individuals qualify for Medicare. Eligibility is typically based on work history and contributions to Social Security or Medicare taxes during your career.

If you or your spouse have worked and paid taxes for at least 10 years, you are likely eligible for premium-free Medicare Part A (Hospital Insurance). For Medicare Part B (Medical Insurance), there is a monthly premium, which is adjusted annually and may vary based on income.

## THE INITIAL ENROLLMENT PERIOD (IEP)

Your Initial Enrollment Period is a seven-month window surrounding your 65th birthday. This includes:

- ▶ **Three months before your birthday month:** Enroll early to ensure coverage begins on the first day of your birthday month.
- ▶ **Your birthday month:** Coverage will start one month later if you enroll during this month.
- ▶ **Three months after your birthday month:** If you delay enrollment during this time, your coverage start date may be further delayed.

## KEY STEPS DURING YOUR IEP

- ▶ **Decide on Original Medicare or Medicare Advantage (Part C):** Consider whether you prefer the flexibility of Original Medicare or the additional benefits offered by Medicare Advantage plans.
- ▶ **Assess Prescription Drug Needs:** Add a Part D plan if you choose Original Medicare and need prescription coverage.
- ▶ **Consider Medigap Coverage:** If you go with Original Medicare, a Medigap plan can help cover out-of-pocket expenses.

## AVOIDING PENALTIES

It's important to enroll during your IEP unless you have other qualifying coverage, like employer - sponsored insurance. Failing to sign up for Part B or Part D when eligible may result in lifelong penalties.

## NEED ASSISTANCE?

Navigating Medicare at 65 can feel overwhelming, but you don't have to do it alone. Contact **Matt Medicares Insurance** at 805-322-8053 for personalized guidance and to explore plans tailored to your healthcare needs and budget. Visit [www.mattmedicares.com](http://www.mattmedicares.com) for additional resources.

Agent website Plan Enroll Link:

<https://planenroll.com/?purl=matthew-rolph>



*Medicare has neither reviewed nor endorsed this information.*

*Not connected with or endorsed by the United States government or the federal Medicare program.*

*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 to get information on all your options.*

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