

Let us help make your Medicare **UNCOMPLICATED**

STEP

1

Enroll in Original Medicare

Original Medicare

Provided by the federal government

PART

A

Helps pay for hospital stays and inpatient care

PART

B

Helps pay for doctor visits and outpatient care

STEP

2

Elect your Medicare Journey

Original Medicare

PART A

Hospital Insurance

PART B

Medical Insurance

You Can Add

Medicare Supplement
(Medigap)

PART D
Prescription Drug Plan

Medicare Advantage Plan

PART C

Combines Part A & Part B in one plan.

PART D

Typically includes prescription drug coverage.

May offer additional benefits not provided by Original Medicare.



MAGELLAN
HEALTHCARE

Calculating Your Total Healthcare Costs

		Medicare Co-Payment	Original Medicare MOOP	Medicare Pays	Current Plan Costs	Proposed Medigap	Proposed Part C	Hospital Indemnity Plan
P A R T A	Hospital Stay (Days 1-60)	\$1,600	\$1,600	Balance				
	Hospital Stay (Days 61-90)	\$400 per Day	\$12,000	Balance				
	Hospital Stay (Days 91-150) Reserve Days	\$800 per Day	\$48,000	Balance				
	Extended Care/Skilled Care (Days 1-20)	\$0	\$0	All Cost				
	Extended Care/Skilled Care (Days 21-100)	\$200 per Day	\$16,000	Balance				
	Extended Care/Skilled Care (Days 101+)	All Costs	100%	Nothing	INELIGIBLE FOR MEDICARE BILLING - REVIEW LTC COVERAGE PLANNING			

	Base Medicare Cost	IRMAA Requirement	Estimated Maximum Expense
P A R T B	Part B Monthly Premium Fee	\$164.90	
	Part B Annual Deductible	\$226	N/A
	Physicians and Surgeons, In or Out of Hospital Services	80% PAID	20% Client Responsibility No Cap
	Dressings, Casts, Splints, and other outpatient hospital		
	Ambulance, Specialist Services, X-Rays, Drugs		
Other medical services (each calendar)			

PART A \$ _____

PART B \$ _____

PART C \$ _____

Selected Plans:

	Original Medicare Client Max Out of Pocket	Proposed Part D Plan
P A R T C	Monthly Premium	National Average Range \$6-\$111
	Drug Deductible	\$505
	Initial Coverage Limit	\$4,660
	Catastrophic Coverage Limit	\$7,400

Prepaid Healthcare Budget: \$ _____

Call or Text for assistance, _____ or Email: _____

