Physicians Select Insurance Company®
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Physicians Mutual®

QUICK GUIDE TO MEDICARE

AND MEDICARE SUPPLEMENT INSURANCE

A helpful tool to help begin your transition into retirement.

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Thank you for asking for this

QUICK GUIDE TO MEDICARE AND MEDICARE SUPPLEMENT INSURANCE

This guide is a helpful resource if you're new to signing up for Medicare and Medicare Supplement insurance. You can use it to help you navigate the basics as you transition into this next chapter in life.

If you have any questions along the way, don't hesitate to give us a call to speak with one of our company representatives at

1-800-779-4979

We're happy to help!

Paige
Helping callers
since 2023

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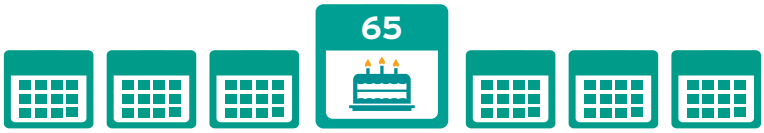
KEY ENROLLMENT DATES

Avoid delays in coverage and potential financial penalties later on by knowing the right time to enroll.

Medicare Parts A and B

SIGN UP: You can sign up for Parts A and/or B up to 3 months before you turn 65.
COVERAGE STARTS: In most cases, your coverage will start the first of the month you turn 65.



3 Months Before | **Birthday Month** | 3 Months After

Medicare Supplement insurance

SIGN UP: You can sign up for a Medicare Supplement insurance policy up to 6 months before you're 65 (even if you're not enrolled in Medicare Parts A and B).
COVERAGE STARTS: In most cases, your coverage will start the first of the month you turn 65.

6 Months Before | **Birthday Month**

If you're 65 or older, you can still enroll for a Medicare Supplement insurance policy of your choice.

Medicare Part D plan

SIGN UP: You can sign up for Part D (Prescription Drug coverage)* **after you enroll in Medicare Parts A and B** – up to 3 months before your 65th birthday.
COVERAGE STARTS: In most cases, your coverage will start the first of the month you turn 65.

Once you're enrolled, you can change your Part D plan every year. So, if your prescriptions change, you can find a plan that works better for you.

*We do not sell Medicare Part D plans.

Next page: Signing up for Medicare

SIGNING UP FOR MEDICARE

Parts A, B, and C

When you turn 65, you have a choice between these two Medicare options:

Option one:

Enroll in Medicare Parts A and B

with Medicare Supplement insurance available

Part A: Hospital insurance

Covers things like inpatient hospital stays, skilled nursing, hospice and home health care. Most people don't pay a premium for Part A.

Part B: Medical insurance

Covers things like doctor services, outpatient procedures and emergency room visits. Part B has both an annual deductible and coinsurance.

If you choose this option, you can purchase Medicare Supplement insurance.

Helps cover out-of-pocket expenses not paid for by Medicare.

Option two:

Enroll in Medicare Part C, Medicare Advantage

replaces Parts A and B with no Medicare Supplement insurance options

Part C: Medicare Advantage

Replaces Medicare Parts A and B. But you must keep paying your Part B premium to stay in your plan. Deductibles, coinsurance, and copayments vary based on which plan you choose.

Next page: Part D

SIGNING UP FOR MEDICARE

Part D

After choosing between enrolling for Medicare Parts A and B with Medicare Supplement Insurance, or Medicare Part C, you may also consider Medicare Part D.

What is Part D?

Part D: Prescription Drug Plan

Helps pay for outpatient prescription drugs. Part D has a premium. There can be annual deductibles, co-payments and/or coinsurance amounts.

Most Medicare Advantage plans include prescription drug coverage, but those plans cannot be personalized based on your needs.

If you have Medicare Parts A and B with a Medicare Supplement insurance plan, you will need to purchase a separate Part D prescription drug plan. You can choose a plan that best fits your needs.

While we don't sell Part D, we are more than happy to help you pick the right plan for your budget and needs. Please note that if you don't sign up for Part D when you're first eligible, and you don't have other credible prescription drug coverage, you may have a late enrollment penalty if you join a plan later.*

*We do not sell Medicare Part D plans.

QUESTIONS?

Many Americans have turned to us for help with their Medicare and Medicare Supplement insurance decisions – let us help you, too!

1-800-779-4979

Jaylee
Helping callers since 2022

Next page: Weighing your Medicare options

WHICH TO CHOOSE?

Original Medicare with Medicare Supplement Insurance or Medicare Advantage?

Choosing your health care in retirement is a big decision, and not an easy one. One topic of confusion for people is if they should choose a Medicare Advantage plan or stick with Original Medicare and pick up a Medicare Supplement insurance plan.

Here are some things to help you decide if Medicare Supplement insurance is a smart choice for you.

	Medicare Supplement	Medicare Advantage
Doctor and Hospital Choice	You can use **any doctor or hospital** that takes Medicare, anywhere in the U.S. This means if you are traveling and need care, you're covered. In most cases, **you don't need a referral** to use a specialist.	In many cases, **you can only use doctors and other providers who are in the plan's network** and service area (for non-emergency care). You **may need to get a referral** to use a specialist.
Cost	You pay a premium. Medicare Supplement plans generally help pay the gaps in your Medicare coverage.	Many have **no-cost or low cost premiums**. Plans have a **maximum out-of-pocket.**
Coverage	In most cases, **you don't have to get a service or supply approved ahead of time.** You can **choose your own** Medicare drug coverage (Part D) to suit your needs.	In many cases, **you may need to get approval from your plan** before it covers certain drugs or services. Many include Medicare drug coverage, which is **standardized for everyone in the plan.**

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WHICH TO CHOOSE?

Original Medicare with Medicare Supplement Insurance or Medicare Advantage?

If you choose Medicare Supplement insurance, you may pay a little more in premiums but gain the ability to choose your own Medicare-approved:

doctors

specialists

And while we don't sell Part D plans, our Agents are happy to help you find a plan that's right for you!

prescription drug coverage

This means you can live your best life, knowing you have a plan in place to help budget for your health care.

NEED HELP CHOOSING?

Whether it's over the phone or face-to-face with a trusted agent in your area, we can talk through your personal situation and help you make make a decision you can feel good about.

Give us a call at

1-800-779-4979

Customer Lynn with her agent, Debbie

Next page: Choosing a trusted Medicare Supplement insurance provider

WHAT IT MEANS TO CHOOSE US

You choose your doctor

When it comes to picking who you see, you're in the driver's seat. If a provider accepts Medicare, they accept our Medicare Supplement insurance plan. It's really that simple. This counts for doctors, hospitals and specialists.

No waiting period ... period.

Once your insurance policy is in effect, your coverage begins immediately – even if you have pre-existing conditions.

Coverage where you need it

You worked hard to get where you are. And now that you're retiring, it's good to know that you can get coverage that travels with you. We even have plans that cover limited, medically necessary emergency care outside the country.

No bills, no claims!

Your provider bills Medicare. We take care of the rest. Best of all, we pay the majority of claims within a few days. That means you'll hardly ever see a bill – we got it.

Outstanding customer service

Whether you're filing a claim or calling with a question, you'll always receive prompt, courteous service from our U.S.-based customer service team. Providing outstanding customer service is just how we do business. In fact, the 2022 Physicians Mutual Family Customer Satisfaction survey* revealed 95% of customers were satisfied with the service they received.

*Based on survey conducted by Wiese Research Associates on behalf of the Physicians Mutual family. Survey did not include Physicians Select customers and only included Physicians Mutual and Physicians Life customers.

Learn more about what makes our Medicare Supplement insurance different!

PhysiciansMutual.com/web/medsupp/why-choose-us

1-800-779-4979

Next page: Frequently asked questions about Medicare

Medicare Q&As

Clear answers to common questions

What are Medicare Parts A and B (Original Medicare)?

A: Part A is your hospital insurance. It provides benefits for hospitalization, skilled nursing, hospice and home health care. Most people don't pay for Part A since it's usually covered by the taxes you paid when you worked. Part B is your medical coverage. It helps pay for things like doctor visits, outpatient procedures and emergency room services. There is a monthly premium for Part B, and that usually comes out of your Social Security check. That amount can change each year.

When will I be eligible for Medicare?

A: Most people become eligible for Medicare at age 65. The first time you can sign up for Medicare is during your Initial Enrollment Period, which lasts for a total of seven months. It includes the month you turn 65, and the three months before and after.

How is Medicare different from Medicaid?

A: Medicare and Medicaid are two separate programs with distinct differences. Medicare is a federally run insurance program that serves people primarily over the age of 65, regardless of income. For the most part, Medicare is the same throughout the United States. Medicaid is an assistance program designed to serve low-income individuals and families of every age. It is run by state and local governments within federal guidelines.

*We do not sell Medicare Part D plans.

What are my options for Medicare coverage when I retire?

A: There are two ways to get your Medicare coverage. You can go with Original Medicare, which is Part A and Part B. Or, you can opt out of Original Medicare and go with Part C, also known as Medicare Advantage. Before you choose one path over the other, make sure you understand the differences so you can make the best choice for you. You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).*

What is Medicare Part C?

A: Part C, also known as Medicare Advantage, replaces Original Medicare. That means if you go with a Medicare Advantage plan, you opt out of Original Medicare – so you won't have Parts A and B. But you still must pay your Part B premium.

Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D. Medicare Advantage plans, as well as their networks and providers, can change from year to year. It's also possible that a Medicare Advantage plan can be discontinued.

QUESTIONS?

1-800-779-4979

Continued on next page

Medicare Q&As

Clear answers to common questions

What is Medicare Part D?

A: Part D is Medicare's prescription drug coverage and is available for a monthly premium. It, too, is provided by private insurance companies that work with Medicare. Generally, you'll want to sign up for Part D at the same time you sign up for Medicare — even if you're not on medications at the time you retire. That way, if you need the coverage down the road — and don't have other credible prescription drug coverage — you'll avoid a late enrollment penalty.

There are a variety of prescription drug plans to choose from, and they differ in how much they pay, depending on the drugs and pharmacies you use. Once you've enrolled, you'll have an opportunity each year during Medicare's Open Enrollment Period to change your drug plan if you need to.*

If I have Original Medicare and Part D for prescriptions, is that all I need?

A: Medicare is a great program, but it was never intended to pay all of your medical expenses. There are deductibles and co-pays, and those can go up each year.

To help cover these costs, many people get Medicare Supplement insurance — also known as Medigap. This type of coverage is available through private insurance companies. There are several standardized Medicare Supplement insurance plans, and the benefits you get depend on the plan you choose.

With Medicare Supplement insurance, you have a six-month Medigap Open Enrollment Period when you're guaranteed coverage, no matter what. The period lasts six months and begins the first day of the month in which you are 65 or older and enrolled in Medicare Part B. It's important to know when your Open Enrollment Period is — because if you miss it, you may have to answer health questions if you want the coverage later on.

Does Medicare cover dental work?

A: No. In most cases, Medicare doesn't cover dental services.[1] Because of the connection between dental and overall health, it's important to plan ahead and make dental insurance part of your retirement plan, so you can continue to get the care you need.

Can I get Medicare Supplement insurance if I have Medicare Advantage?

A: No, you can only get Medicare Supplement insurance if you have Original Medicare, Parts A and B.

NEED MORE HELP?

1-800-779-4979

1 "Dental services," Medicare.gov, Centers for Medicare and Medicaid Services, accessed April 2024

*We do not sell Medicare Part D plans.

Continued on next page

Medicare Q&As

Clear answers to common questions

Q Should I still enroll in Medicare during my Initial Enrollment Period even if I have group health insurance through my employer?

A: That depends, in part, on the size of your employer. Here's how it works:

- If your employer has fewer than 20 employees, Medicare will become the primary payer. That means it will pay first on your health care claims. So, you should enroll in Medicare – both Part A and Part B – during your Initial Enrollment Period.
  - As secondary payer, your employer's plan won't pay for any expenses covered by Medicare.
  - If your spouse is on your employer's plan, he or she can continue on that plan until they turn 65 as long as you keep the plan for yourself as secondary coverage.
- If your employer has 20 or more employees, your work insurance will be your primary coverage. In this case, it probably won't be necessary for you to enroll in Medicare Part B.
  - Even if you don't need to sign up for Part B, you should probably sign up for Part A. It's usually no cost to you and might help pay for some of the costs not covered by your group health plan.
  - When you leave your job, you can enroll in Part B during a special enrollment period that lasts for eight months after you stop working.

Q How do I get the information I need to make the best decision for me?

A: The size of your employer, all the elements of your current insurance, and whether you're covering your spouse on your employer's plan are just a few of the many factors that could affect whether you'll need to enroll in Medicare if you're still working. As your Initial Enrollment Period approaches, these professionals can help:

- Your company's benefits manager or human resources department representative can provide the details about how your employer insurance works with Medicare. It's a good idea to then confirm this information with the Social Security Administration (SSA) and Medicare.
- A licensed insurance agent who specializes in Medicare can walk you through your decision-making process, taking into account everything about your unique situation, and comparing your existing employer coverage with Medicare and Medicare Supplement insurance.

Quick Contact Information

- SSA at 1-800-772-1213 or online at ssa.gov/medicare.
- Contact the Centers for Medicare and Medicare Services at 1-800-MEDICARE (1-800-633-4227) or online at medicare.gov.

Next page: Federal and state resources for Medicare

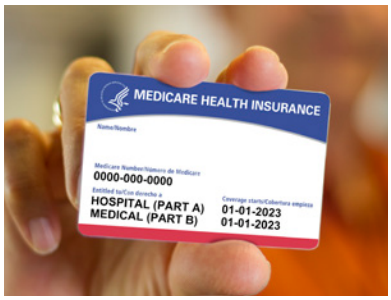
Federal and state resources

Important contacts

Medicare

For questions about Medicare or for help in choosing the coverage that's right for you:

- Call 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048.
- Visit Medicare.gov, the official Medicare website.
- Login to MyMedicare.gov, a free, secure online service for accessing personalized information regarding your Medicare benefits and services.
- Read "Medicare & You," the official Medicare handbook that includes information on Parts A, B, C and D.



Social Security Administration

If you have questions about eligibility and enrollment in Medicare, Social Security retirement benefits, and/or low-income assistance for a Part D plan, call 1-800-772-1213 or TTY 1-800-325-0778.

Your State's Medical Assistance or Medicaid office

If you have questions about your state's Medicaid program, call Medicare and ask for the phone number for your state's Medical Assistance or Medicaid office.

Your State's Health Insurance Assistance Program (SHIP)

For help with questions about buying insurance, choosing a health plan, and your rights and protections under Medicare, visit shiptacenter.org or call Medicare and ask for the phone number for your state's Health Insurance Assistance Program's office.

Your health plan's customer service center

For help with your existing health coverage, call the phone number on your identification card.

Information from: Medicare.gov and the *Medicare & You* handbook, 2024

Next page: Glossary of common Medicare terms

Glossary

Common terms

Beneficiary: A person who has health care insurance through the Medicare or Medicaid programs.

Carrier: A private company that has a contract with Medicare to pay your Part B bills.

Centers for Medicare & Medicaid Services (CMS): The Federal agency that runs the Medicare program. In addition, CMS works with the states to run the Medicaid program. CMS works to make sure the beneficiaries in these programs are able to get high-quality health care.

Coinsurance: The percentage of the plan charge for services you may have to pay after you pay any plan deductibles. Usually, the payment is a percentage of the cost of the service (like 20%).

Co-payment (co-pay): The cost for medical care you pay yourself. Usually, the co-payment is a pre-determined dollar amount you pay each time you utilize a particular service (like $10 each time you fill a prescription or $20 each time you visit your doctor).

Creditable drug coverage: Prescription drug coverage (like from an employer or union) that is, on average, at least as good as the Part D standard prescription drug coverage.

Deductible: The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B and Part D. These amounts can change every year.

Disenroll: Ending your coverage with a health plan.

Gaps: Costs or services that are not covered under Medicare Parts A and B.

Guaranteed issue rights: Rights you have in certain situations when insurance companies are required by law to sell or offer you coverage. The company can't deny you coverage or place conditions on an insurance policy, must cover you for all old health problems, and can't charge you more because of past or present health problems.

Medicaid: A joint Federal and state program that helps with medical costs for some people with low incomes and limited resources. Programs vary by state, but most medical costs are covered if you qualify for both Medicare and Medicaid.

Medically necessary: Services or supplies that are proper and needed for the diagnosis or treatment of your medical condition; are provided for the diagnosis, direct care and treatment of your medical condition; meet the standards of good medical practice in the local area; and aren't mainly for the convenience of you or your doctor.

Medicare: The Federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant).

Medicare Advantage Plan (MA): A Medicare Part C program that allows you to choose private health plans to help provide your health care. Everyone who has Part A and Part B is eligible.

Medicare-approved amount: The fee Medicare sets as reasonable for a covered medical service. This is the amount a doctor or supplier is paid by you and Medicare for a service or supply. It may be less than the actual amount charged by a doctor or supplier. The approved amount is sometimes called the "approved charge."

Continued on next page

Glossary

Common terms

Medicare Supplement insurance: A Medigap insurance policy sold by private insurance companies to supplement some of the "gaps" in Medicare coverage. There are 10 standardized plans. Medigap policies only work with Medicare Parts A and B.

Network: A group of doctors, hospitals, pharmacies and other health care experts contracted or hired by a health plan to take care of its members.

Out-of-pocket costs: Health care costs you must pay on your own because they are not covered by Medicare or other insurance.

Preferred Provider Organization (PPO): A type of Medicare Advantage plan in which you use providers that belong to the network. You can use providers outside of the network for an additional cost.

Preventive services: Health care to keep you healthy or to prevent illness (for example, Pap tests, pelvic exams, flu shots, mammograms and other screenings).

Private Fee-for-Service Plan (PFFS): A type of Medicare Advantage plan in which you use providers that belong to the network (unless certain exceptions apply). The health plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more or less for Medicare-covered benefits. You may have extra benefits Medicare Parts A and B don't include.

Provider: A doctor, hospital, health care professional or health care facility.

Referral: A written okay from your primary care doctor for you to see a specialist or get certain services. In many Managed Care plans, you need a referral before you can get care from anyone except your primary care doctor. If you don't get a referral, the plan may not pay for your care.

Service area: The area where a health plan accepts members. For plans that require you to use their doctors and hospitals, it is also the area where services are provided. A plan may disenroll you if you move out of its service area.

Information from: Medicare.gov and the *Medicare & You* handbook, 2024

STILL HAVE QUESTIONS?

WE CAN HELP!

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Insurance policy/rider form numbers: S060, S065, S066, S068, F032

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. An agent will provide complete details of this solicitation of insurance. 2600 Dodge Street, Omaha, NE 68131.

We are not connected with, nor sponsored by the federal or state government, the Social Security Administration, the Centers for Medicare and Medicaid Services, or the Department of Health and Human Services.