



Simply  
insurance

Medicare  
UNCOMPLICATED

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Betsy has lived in Denver, Colorado for over twenty years with no immediate end in sight. She hails from San Francisco. has a wonderful husband Charlie, and they have 3 boys - Alex, Jack and Owen. Betsy's youngest son Owen joined the team in 2025 so we are now a Family Business!



At Simply Insurance, we are experts in Medicare. We will work with you to navigate through the Medicare maze to find the best coverage for you. Simply Insurance represents many insurance carriers. We have access to the latest information and can quickly help you compare options to find the best coverage for your unique needs.

We understand not every person is the same, and your insurance shouldn't be either. We have developed partnerships that allow us to help our clients make an informed decision. We are particular about our quality. Therefore, we're also very selective about our partnerships. We work with companies whose products or services help us meet our clients' needs.

We pride ourselves on our educational foundation to help you best understand your choices. To best satisfy the individual needs and wants of Medicare beneficiaries, we offer a competitive array of Medicare Supplement Plans, Medicare Indemnity Plans, Medicare Prescription Drug Plans, Medicare Advantage Plans, cancer insurance, dental and vision plans.

## OUR MISSION

OUR MISSION IS TO PROVIDE OUR CLIENTS WITH ASSISTANCE IN UNDERSTANDING AND MAKING THE RIGHT DECISIONS WHEN IT COMES TO INSURANCE. WE HAVE THE SKILLS, KNOWLEDGE, AND EXPERIENCE TO HELP MEET OUR CLIENT'S ESTABLISHED GOALS. OUR PERSONAL GOAL IS TO BECOME A LIFETIME RESOURCE FOR OUR CLIENTS AND GIVE THEM GREATER CONFIDENCE IN CHOOSING THEIR INSURANCE PLAN.

## WHAT IS MEDICARE?

Medicare is a U.S. federal health insurance program primarily for people aged 65 and older, but it also covers certain younger individuals with disabilities or specific health conditions, like end-stage renal disease (ESRD). It helps with the cost of healthcare, but it doesn't cover all medical expenses or long-term care. Medicare is governed by the Centers for Medicare and Medicaid Services (CMS) and is financed by payroll taxes.

## WHO IS ELIGIBLE FOR MEDICARE?

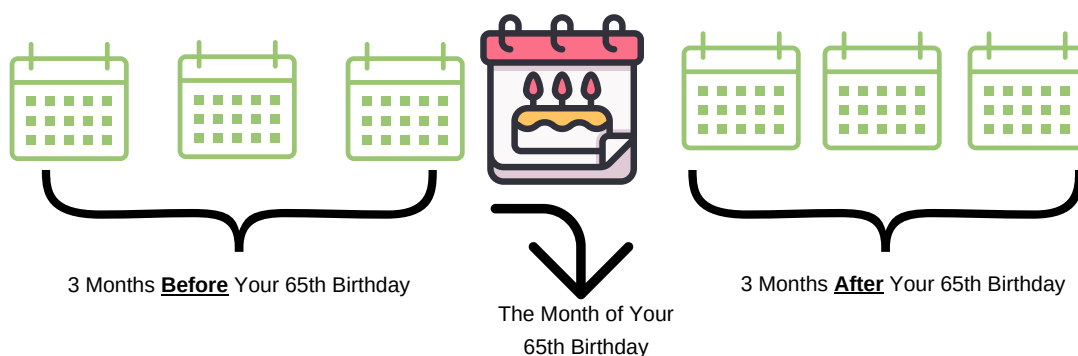
- 65+ years old
- Under 65 and on disability for 24+ months
- Any age with ESRD (Kidney failure)
- Diagnosed with ALS (Amyotrophic Lateral Sclerosis)

## HELPFUL HINTS FOR MEDICARE ENROLLMENT

- Know Your Enrollment Window – Your Initial Enrollment Period (IEP) lasts 7 months around your 65th birthday. If you're still working and have employer coverage, you may be able to delay.
- Automatic Enrollment? – If you're already receiving Social Security benefits, you'll be automatically enrolled in Part A & Part B (but you can decline Part B if you're still working).
- Employer Coverage? – If you have employer health insurance (from a company with 20+ employees), you can delay Part B without penalties. When you retire, you'll have an 8-month Special Enrollment Period to sign up.
- Avoid Late Penalties – If you don't have other creditable coverage and miss your initial enrollment, you may face lifetime late enrollment penalties for Part B and Part D (prescription drug coverage).
- Compare Your Options – Medicare has different parts and plans, including Original Medicare (Parts A & B) and Medicare Advantage (Part C). You may also need Part D for prescriptions and a Medicare Supplement (Medigap) for extra coverage.

# WHEN AND HOW TO ENROLL IN A MEDICARE PLAN

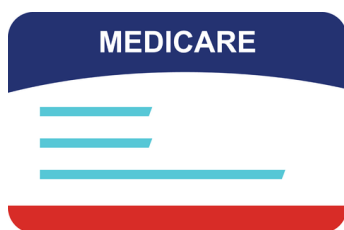
- ( IEP) Initial Enrollment Period - When you turn 65 or first become eligible for Part A and B.
- (AEP) Annual Enrollment Period - Oct 15-Dec 7
- (SEP) Special Enrollment Period - Created based on a specific situation like a move or change of job or weather disaster.



The Medicare Initial Enrollment Period (IEP) is the first opportunity most people have to sign up for Medicare. It is a 7-month window that begins 3 months before the month you turn 65, includes your birth month, and continues for 3 months after your birth month.

## Key Points About the IEP:

- If you sign up before your 65th birthday month, your coverage will start on the first day of your birthday month.
- If you sign up during your birthday month or the 3 months after, your coverage will start later.
- If you are already receiving Social Security benefits, you will be automatically enrolled in Medicare Part A and Part B.
- If you delay enrollment and don't have other creditable coverage (like employer insurance), you may face late enrollment penalties.
- You can sign up on-line at **SSA.gov** or call your local Social Security Office.
- The best time to sign up is 3 months before your 65th birthday or when your Medicare will begin.
- Are you still working or have Part A only? There are circumstances where you can delay your Part B application until you are ready to retire with no penalty. ex: if your employer has more than 20 employees.



## PART A

### Coverage includes:

- A semi-private room
- Your hospital meals
- Skilled nursing services
- Care in special units, such as intensive care
- Drugs, medical supplies and medical equipment used during an inpatient stay
- Lab tests, X-rays and medical equipment as an inpatient
- Operating room and recovery room services
- Some blood transfusions in a hospital or skilled nursing facility
- Inpatient or outpatient rehabilitation services after a qualified inpatient stay
- Part-time, skilled care for the homebound after a qualified inpatient stay
- Hospice care for the terminally ill, including medications to manage symptoms and control pain

## PART B

### Coverage includes:

- Doctor visits, including in the hospital
- Annual wellness visit
- Ambulatory surgery center services
- Ambulance and emergency room services
- Skilled nursing services
- Preventive services, like flu shots or mammograms
- Clinical laboratory services, like blood and urine tests
- X-rays, MRIs, CT scans, EKGs and some other diagnostic tests
- Some health programs, like smoking cessation, obesity counseling and cardiac rehab
- Physical therapy, occupational therapy and speech-language pathology services
- Diabetes screenings, diabetes education and certain diabetes supplies
- Mental health care
- Durable medical equipment for use at home, like wheelchairs and walkers

## Step One

# ORIGINAL MEDICARE

## PART A - HOSPITAL COVERAGE

- Premium free if you have worked 40 quarters or 10 years
- \$1676 First Day Hospital Deductible
- Covers hospital, hospice, home health, skilled nursing first 20 days
- First 60 days covered 100% - Copays after 61 days can be up to \$838/day.



## PART B - MEDICAL COVERAGE

Doctor and Outpatient coverage

- Premiums based on MAGI (modified adjusted gross income) from 2 years ago:
  - Standard Rate - \$185/month
  - Highest Rate - \$628.90/month
  - High earners pay more for Part B and Part D Annual Deductible \$257
- Pays 80% for things that are Medicare approved after deductible - you pay 20% co-insurance without limit.



## Step Two

### Option 1

Add one or both of the following:

## MEDICARE SUPPLEMENT INSURANCE / aka MEDIGAP

- Offered by non-government private insurance companies
- Helps pay some or all of the costs not covered by Original Medicare

## PART D - PRESCRIPTION DRUG COVERAGE

- Sold through private insurance companies, contracted with Medicare
- There are 3 ways to get a drug plan:
  1. Veterans Administration
  2. Stand Alone Plan
  3. Medicare Advantage
- All have different premiums, deductibles, and formularies
- If you do not get a drug plan when eligible, you could receive a life-long penalty
- Can be changed yearly during the Annual Enrollment Period: Oct 15 - Dec 7



### Option 2

Add Medicare Advantage (Part C) plan from a Medicare-Approved private Insurance company. These plans include:

## PART C - MEDICARE ADVANTAGE PLAN (MAPD)

- Private Insurance Plans contracted with Medicare
- Includes benefits of Part A, Part B and includes Part D
- Doctor Networks - HMOs/PPOs
- Extra Benefits - Dental/Hearing/Routine Vision + more
- Low premiums, co-pays, max out of pockets
- Can be changed yearly: Oct 15 - Dec 7



## Additional Benefits

- Can (but not always) include benefits not provided by Original Medicare such as:
  - routine dental, vision, or hearing
  - over the counter benefits
  - gym memberships

## PART C

**Medicare Advantage** plans are offered by private insurance companies approved by Medicare. In addition to Part A and Part B benefits, many plans offer:

- Part D prescription drug coverage
- Maximums out of pocket (MOOP)
- Hearing exams or hearing aids
- Routine dental care: Dental exams, cleanings, X-rays
- Eye exams, eyeglasses or contact lenses
- Wellness benefits such as gym memberships and over the counter benefits

## PART D

**Prescription Drug Coverage:**

- Generic and brand-name medications for conditions like diabetes, heart disease, pain, and mental health
- Vaccines (e.g., flu shot, shingles, pneumonia)
- Specialty drugs for conditions like cancer or HIV

It doesn't cover:

- Over-the-counter meds (like aspirin or cold medicine)
- Cosmetics or weight loss drugs
- Drugs already covered under other parts of Medicare

Each Part D plan has a list of covered drugs, called a formulary, and costs vary by plan.

## MEDIGAP AKA MEDICARE SUPPLEMENT

Medigap is extra health insurance that helps pay for costs not covered by Original Medicare, like copays and deductibles. It's sold by private companies and works alongside Medicare to cover these "gaps." There are different plans (A, B, C, etc.), each offering different coverage, but they all cover the same things no matter which company you get it from.

*You can't use Medigap if you have a Medicare Advantage plan.*

- You must have Medicare Part A and Part B
- You will pay a monthly premium for a Medigap in addition to your Medicare Part B Premium
- Does not include drug coverage - must get a stand-alone drug plan (Part D)
- Does not include dental, hearing or routine vision, but you can purchase separate coverage
- Premiums will increase as you age
- Acts as a secondary to Medicare - no networks, no referrals needed.
- Popular Plans - Plan N and Plan G must pay the Medicare Part B annual deductible of \$257 (for 2025)

## GUARANTEED ISSUE

The first 6 months you are on Medicare Part B, no health questions asked. After those 6 months, you will have to answer health questions to get a different medigap and insurers can deny your application.

## CHOICE OF DOCTORS AND HOSPITALS

You can choose to go to any doctor or hospital that takes original Medicare. The question to ask your doctor is, "Do you take original Medicare?" If the doctor/hospital takes original Medicare, they will take your Medigap. There are no networks with Medigap plans.



## HELPFUL HINTS & MISTAKES TO AVOID

1. **Apply Early** - Start the process 3 months before you turn 65 (or 3 months before your 25th month of disability benefits). This helps avoid delays and ensures you don't miss your coverage start date.
2. **Understand Your Options** - Original Medicare (Part A & B) & Medicare Advantage (Part C)
3. **Enroll in Part D** for Prescription Coverage - List all your medications before enrolling. Make sure the plan you choose covers them and check the formulary (list of covered drugs) to avoid unexpected costs.
4. **Consider Medigap** for Extra Coverage - If you choose Original Medicare, think about getting Medigap (Supplemental Insurance) to help cover out-of-pocket costs like deductibles, copays, and coinsurance.
5. **Check for Existing Coverage** - If you have employer health insurance or retiree coverage, check with your insurance provider to see how it works with Medicare and if you need to enroll in Medicare.
6. **Look at Plan Networks** to make sure your doctors and hospitals are in-network
7. **Review during Annual Enrollment Periods** - Medicare's Annual Enrollment Period (Oct 15 - Dec 7) is when you can change your plan.
8. **Don't Miss Your Initial Enrollment Period** - this can lead to penalties or delayed coverage. If you don't apply on time, you may have to pay a late enrollment penalty.
9. **Check If You're Eligible for Extra Help** - If you have limited income and resources, you may qualify for Extra Help with your Part D drug costs. You can apply online or contact Medicare for assistance.
10. **Reevaluate Your Plan Each Year** - Medicare plans can change every year (e.g., premiums, covered drugs, networks). Make it a habit to review your plan annually to make sure it still meets your needs.

## ANCILLARY PLANS

Ancillary medical plans refer to supplementary insurance plans that provide additional coverage beyond a primary health insurance policy. These plans typically focus on specific health services or needs that are not covered (or not covered well) by traditional health insurance. The goal of ancillary plans is to fill in the gaps and help individuals cover out-of-pocket costs.

### Here are a few options:

- **Dental Insurance:** Coverage for routine dental care, such as cleanings, fillings, and sometimes more specialized treatments like orthodontics or dentures.
- **Vision Insurance:** Coverage for eye exams, glasses, contact lenses, and sometimes even laser eye surgery (like LASIK).
- **Critical Illness Insurance:** Provides a lump sum payout if the policyholder is diagnosed with a serious illness such as cancer, heart disease, or stroke. It can help with medical bills and other expenses during recovery.
- **Hospital Indemnity Insurance:** Pays a set amount for each day you're hospitalized, helping to cover out-of-pocket expenses like deductibles, copays, and other costs.
- **Final Expense Insurance:** a type of life insurance designed to cover the costs associated with a person's death, specifically funeral expenses, burial or cremation costs, and any other end-of-life expenses.

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