NABIP
Medicare Certified

ALABAMA SENIOR
HEALTHCARE ADVISORS

GUIDE TO YOUR PERSONALIZED Medicare Needs

Certified Insurance Specialist

Who we are

We are Alabama Senior Healthcare Advisors, a family-owned independent agency based in Central Alabama. We specialize in taking care of Alabama residents with plans that meet their needs for Medicare coverage. As independent agents, we have the ability to sell many companies. We are not obligated to just one. Our primary goal is to help you find a health care plan that takes care of your individual health care needs. Our services are always offered at no charge to you.

Our mission

To help relieve the stress of the complexities of Medicare and Marketplace insurance and provide you tailored solutions that meet your individual needs, while providing Peace of Mind and ensuring that our clients feel supported every step along the way.

We are licensed insurance agents who specialize in Medicare

We understand how confusing Medicare can be, including supplements and Medicare Advantage plans. Navigating Medicare can be confusing and stressful, but you don't have to do it by yourself. You have us to help.

We are an experienced agency

Our agency owner, Paula Hughlena Obar Kay, has specialized in Medicare since 2010. She is a member of the National Association of Benefits and Insurance Professionals. Our agents are certified annually, ensuring that they have the knowledge to help find the right solution for your Medicare needs.

THERE IS A GREAT SOLUTION AVAILABLE FOR YOU AND YOUR MEDICARE NEEDS.

Website

Hughlena Obar Kay

Shane Kay

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HOW DO YOU FIND THE BEST MEDICARE SOLUTIONS?

NUMBER ONE: Find a local broker in your STATE, who can be your trusted resource to help guide you through the Medicare MAZE in order to find your SOLUTIONS. Use the broker to be the single point of contact for any questions, local carrier information, claims issues, etc.

NUMBER TWO: Whatever your situation, find answers to various questions in order to help find the best Medicare SOLUTION for you.

- Are you enrolling in Medicare this year?
- Are you thinking about retiring?
- What do Medicare Parts A, B, C and D mean?
- Do your doctors and preferred hospitals accept the Advantage plan you are interested in?
- Are my prescriptions covered?
- How much will it cost?
- Do I have deadlines to enroll?
- What is Original Medicare, and are there other options?
- What is the difference between Medicare and other health coverage?
- Is Original Medicare coverage enough?
- Do you travel out of state for long periods of time on a regular basis?
- Do you have major health issues?
- What is your financial risk tolerance for your health needs?

Disclaimer: We do not offer every plan available in your area. Currently we represent 7+ organizations which offer 100+ products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

PART A

Inpatient care in Hospital, Skilled Nursing facility care, Inpatient care in a skilled nursing facility (not custodial long-term care, hospice care, and home health).

Hospital Care:

Premium $0 (most cases)
Deductible Days 1 – 60 = Set by Medicare annually
Deductible Days 61 – 90 = Set by Medicare annually
Deductible Days 91 – 150 = Set by Medicare annually
After you use all your lifetime reserve days, you pay all costs.

Skilled Nursing:

Your cost days 1-20= $0*
Your cost days 21-100 = Set by Medicare annually
Your cost days 100+ = 100% cost to you
Home Health Services
No Coverage = 100% cost to you

Hospice:

Generally covered at 100%

Foreign Travel Emergency:

No Coverage = 100% cost to you
*Skilled Nursing Benefits requires 3 night admitted stay at a hospital

Medicare Part A typically costs nothing for most people. It is considered "premium-free" if you have worked at least 10 years (or 40 quarters) in the U.S. and paid Social Security taxes during those years, contributing toward this future benefit.

Your out-of-pocket cost for Medicare Part A is unlimited.

PART B

The Part B Premium is adjusted each year by Medicare. Those with higher income may pay more for Part B and Part D. This is the IRMAA (Income-Related Monthly Adjustment Amount).

After the annual deductible, there is a 80%/20% cost share of Medicare approved services.

Part B helps cover: services from doctors and other healthcare professionals, including lab tests, x-rays, outpatient services, durable medical equipment, and home healthcare, along with other Medicare-approved charges not covered by Part A.

What are my costs with a Medicare "Part C" Advantage Plans?

Each year, Medicare Advantage plans set the amounts they charge for premiums, deductibles, and services. The plan (rather than Medicare) decides how much you pay for the covered services you get. The plan can only change what you pay once a year on January 1. You still have to pay the Part B premium.

What's the difference between a deductible, coinsurance, copayment and a maximum out-of-pocket limit?

Deductible- the amount you must pay for health care or prescription before Original Medicare, your Medicare Advantage Plan, your Medicare drug plan, or your other insurance begins to pay.

Coinsurance- An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment- An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. A copayment is a fixed amount, like $30.

Maximum Out-of-Pocket Limit- Plans have a yearly limit on what you pay out of pocket for services. Once you reach your plan's limit, you'll pay nothing for Part A and Part B services the plan covers for the rest of the year.

PART D

Medicare members should purchase Part D prescription drug coverage to avoid a penalty.

Deductible Phase

- Insured pays 100% of their gross covered prescription drug cost until deductible is met
- Deductible for _____ maximum $_____ (some carriers may be lower)

Initial Coverage Phase

- Insured pays co-payment or co-insurance for covered prescriptions
- Annual out-of-pocket threshold is set by Medicare annually

The out-of-pocket costs that count toward reaching the catastrophic limit are known as the "true" out-of-pocket: costs or TrOOP. After reaching the annual out-of-pocket threshold, the beneficiary pays nothing.

- Payment plan option available through the carriers
- Carriers and Manufacturers pick up all remaining prescription drug costs

Attention Veterans:

Do you have health coverage through the Department of Veterans Affairs (VA), TRICARE, or as the spouse of a Veteran through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)? If so, you might think that a Medicare Advantage (MA) plan has nothing additional to offer.

However, an MA plan may actually provide added benefits that can help you achieve your health goals. The key is selecting a plan that complements your existing benefits, ensuring you receive the support you need to make the best choices for your health.

Veterans continued:

Here is why you should consider a Medicare Advantage (MA) plan:

- Many veteran plans reduce the monthly premium you pay to the SSA for Part B.
- Increased coverage. With Medicare, your options for medical care are expanded.

Our veteran-focused Medicare Advantage plan (without prescription drug coverage) offers comprehensive coverage designed to meet your unique needs. Enjoy a wide range of benefits beyond basic Medicare, including additional health services tailored to veterans. Feel confident knowing you have a plan that provides essential coverage with added extras.

Medicare Coverage Options:

Original Medicare	PARTA PARTB
Medicare Advantage Plan with Prescription Drug Coverage (MAPD)	PARTA PARTB + PARTD = MAPD
Original Medicare + Prescription Drug Plan	PARTA PARTB + PARTD
Original Medicare + Prescription Drug Plan + Medicare Supplement	PARTA PARTB + PARTD + MED SUP

ELIGIBILITY

1. You must have 40 quarterly credits, where you paid into Social Security.
2. You must be a U.S. citizen/legal resident for at least 5 years.
3. You must be at least 65 years old, or you must have a qualifying disability of 24 months or other special conditions, like End-Stage Renal Disease (ESRD).

Initial enrollement period:

You have a 7-month period to sign up, including 3 months before your 65th birthday and 3 months after.

Signing up for Medicare – Two important accounts you need to establish:

1. **www.ssa.gov (1-800-772-1213)**
2. **www.medicare.gov (1-800-633-4227)**

Already on Social Security or Disability Benefits?

Social Security will usually automatically enroll you.

MEDICARE SUPPLEMENT (MEDIGAP)

Original Medicare doesn't cover all the costs associated with healthcare services and supplies. Medicare Supplement Insurance (Medigap) policies are sold by private insurance companies and can help pay some of the remaining costs, such as co-payments, coinsurance, and deductibles.

There are several different Medigap plans available, with Plan G and Plan N being the most popular. These plans are standardized, meaning they offer the same basic benefits regardless of the company you purchase them from. However, it's important to compare not only the costs but also the company's ratings and the history of their annual premium increases when selecting a Medigap plan.

Additionally, with Medigap, you have the freedom to choose doctors and hospitals throughout the U.S. that accept Medicare.

MEDICARE SUPPLEMENT (MEDIGAP)

DESCRIPTION OF SERVICE	G	N	B
Medicare Part A (Hospitalization) coinsurance plus 365 additional hospital days after Medicare benefits end	√	√	√
Medicare Part A deductible	√	√	√
Medicare Part B coinsurance or copayment	√	Copay	√
Medicare Part B deductible			
Medicare Part B excess charges	√		
Blood (first three pints)	√	√	√
Foreign travel emergency (up to plan limit)	80%	80%	
Hospice Part A coinsurance or copayment and respite care exepense	√	√	√
Skilled nursing facility coinsurance	√	√	

Plan N pays 100% of the Part B coinsurance, except for a copyay of up to $20 for some office visits and up to a $50 copay for emergency room visits that don't result in an inpatient admission.

WHAT IS YOUR PREFERRED FINANCIAL RISK TOLERANCE?

YOUR CHOICE:

1. Coverage which saves you the most possible on monthly premiums takes a little more exposure financially in the event of a major illness or injury, while obtaining additional benefits.
2. Pay a higher monthly premium in exchange for lower out-of-pocket exposure or richer medical benefits.

How is your present health condition?
Are there any present serious health conditions?

Original Medicare

$_____ Deductible	**Part A**	*Hospital*
$_____ Deductible *80%*	**Part B**	*Medical*

Medicare Supplement (Medigap)

An insurance policy that pays deductibles and 20%

Average cost *$_____*	**Part D** *Prescription Drug Coverage*	*Deductible* *Copays*

Potential monthly cost:
Part B + Medigap + Part D = $_____

Medicare Advantage

Four Key Questions:

1. Does your doctor accept your plan?
2. HMO, PPO, SNP (or C-SNP)
3. Are your drugs covered?
4. What is the max out of pocket (MOOP)?

Part C = Parts A+B+D

Part C

Bundled package, managed by an insurance company.
Hospital, medical, and drug coverage combined.
Typically includes benefits beyond Medicare.
(Must continue to pay Part B)

Potential monthly cost:
$_____ + Part B Premium

HOSPITAL INDEMNITY

Owning a Hospital Indemnity plan **alongside** Medicare Advantage offers key benefits for **enhanced financial security** and healthcare coverage, including:

1. Cost Protection: Provides cash benefits for hospital stays to help cover out-of-pocket costs like deductibles and copays.
2. Stable Premiums: Premium rates are locked in at enrollment, ensuring no age-related increases and making budgeting predictable.
3. Benefit Flexibility: Cash benefits can be used as needed, whether for hospital bills, daily expenses, or travel for family support.
4. Gap Coverage: Fills in Medicare Advantage gaps, covering extended stays and services like skilled nursing that might not be fully covered.
5. Peace of Mind: Offers reassurance against unexpected medical costs, allowing focus on recovery.
6. Affordability: Provides significant benefits at a manageable cost, offering great value.
7. No Network Restrictions: Freedom to choose any hospital or provider, unlike some Medicare Advantage plans.
8. Ease of Qualification: Simplified underwriting with potential for guaranteed acceptance during certain periods.
9. Cancer Lump Sum Benefit: Offers a one-time payment upon a cancer diagnosis, crucial for covering immediate treatment costs and alleviating financial stress.
10. Complementary Coverage: Works with Medicare Advantage to provide a more comprehensive safety net.

IF YOU'RE OVER 65 AND PLAN TO CONTINUE WORKING:

More and more Americans are opting to retire later in life, in some cases to maximize Social Security retirement income. If you're part of an employer health plan, Medicare might already pay benefits under Part A (hospital coverage). Whether or not you should enroll in Part B (medical coverage) depends on:

1. The size of your company.
2. How much you pay toward your group premium.
3. If you need coverage for a spouse and/or dependents.

We can review your situation and help you determine what coverage makes the most sense for you.

WHEN YOU DECIDE TO STOP WORKING:

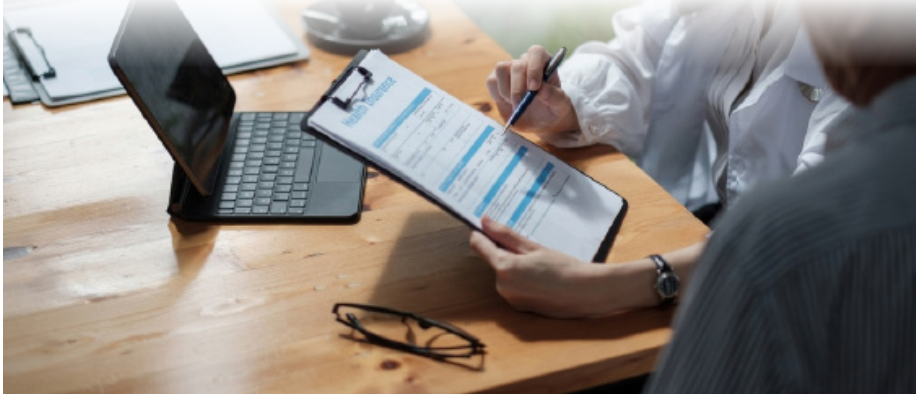
When you leave your job and lose your employer coverage, you'll have a Special Enrollment Period to sign up for Medicare Part B (and Part A if you haven't already). This period lasts for 8 months, starting the month after your employment OR your group health insurance ends. If you still do not enroll after 8 months, you may face a penalty for late enrollment.

IMPORTANT:

If you are interested in joining a Medicare Advantage or Medicare Prescription Drug plan, your chance to join lasts for **two months** after the month your employer coverage ends.

IF YOU HAVE COBRA COVERAGE:

COBRA is not considered credible coverage. You must sign up for Part B during the first 8 months you have COBRA to avoid the late-enrollment penalty. If you miss the 8-month window, you must wait to sign up during the next General Enrollment Period (January 1 - March 31), and coverage won't start until July 1.



WHAT DOES MEDICARE COST?

Year _____ **For:** _____

ANNUAL COSTS SET BY MEDICARE FOR PART A AND PART B

Part A

Initial Part A Hosptial Deductible	$_____
Daily copay for days 61-90	$_____ per day
Daily copay for days 91-150	$_____ per day
Additional 365 days once lifetime reserve days are used	All costs
Skilled nursing copay days 21-100	$_____ per day

Part B

Part B and D Premiums $_____ **Deductible:** $_____ **IRMAA** ☐

You pay a premium each month for Part B. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

- Social Security
- Railraod Retirement Board
- Office of Personnel Management

Favorite Advantage Plan: _____ Cost: $_____

Second Advantage Plan Option: _____ Cost: $_____

Best Medigap Plan: ____ Company: _____ Cost: $_____

Part D Company: _____ Part D Cost: $_____

Medigap + Part D Total Cost: $_____

Alabama Senior Healthcare Advisors are great to work with. They treat you like you are their family, always willing to go the extra mile to meet your needs. Hughlena and Shane are honest, trustworthy agents who care about their clients.

Doug A.

Alabama Senior Healthcare Advisors work to, as she says, "Make sure we got a plan that fits your needs, like a good fitting pair of shoes!"

Ronald F.

Disclaimer: We do not offer every plan available in your area. Currently we represent 7+ organizations which offer 100+ products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

2026 Medicare Costs & Premiums

PART A (Hospital)

Inpatient Hospital Stay – You Pay… *(benefit period ends 60 days after release from care)*

- **Deductible: $1,736** per benefit period
- Coinsurance (days 1-60): $0 per day of each benefit period
- Coinsurance (days 61-90): $434 per day of each benefit period
- Coinsurance (60 lifetime reserve days): $868 per day after day 90 of each benefit period

Skilled Nursing Facility Stay – You Pay… *(3-day inpatient hospital stay required first)*

- Coinsurance (days 1-20): $0 per day of each benefit period
- Coinsurance (days 21-100): $217 per day of each benefit period

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PART B (Medical)

Part B Deductible – You Pay… $283 per calendar year

Part B Coverage – **You Pay…** Generally 20%, after $283 deductible is met

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Part B Premium (including high income Part B & Part D) [paid to Medicare]

Those enrolled in **Part B** will pay at least the standard **$202.90/mo premium (based on income)**. Higher income earners will pay a **Part B IRMAA (Income Related Monthly Adjustment Amount) in addition** to the $202.90/mo standard premium.

Higher income earners who are enrolled in **Part D Prescription Drug** coverage also pay a **Part D IRMAA in addition** to the monthly insurance premium for a Part D prescription drug plan or Medicare Advantage plan that includes Part D coverage (see table below).

If your MAGI (Modified Adjusted Gross Income*) in 2024 was…			You pay in 2026 (per person) Monthly premiums to Medicare	
Individual Tax Return	**Joint Tax Return**	**Married & Separate Tax Return**	**Part B Premium + IRMAA**	**Part D IRMAA** (in addition to Part D plan premium)
$109,000 or less	$218,000 or less	$109,000 or less	**$202.90**	---
$109,001 to $137,000	$218,001 to $274,000	N/A	**$284.10** (202.90 + 81.20)	**+ $14.50**
$137,001 to $171,000	$274,001 to $342,000	N/A	**$405.80** (202.90 + 202.90)	**+ $37.50**
$171,001 to $205,000	$342,001 to $410,000	N/A	**$527.50** (202.90 + 324.60)	**+ $60.40**
$205,001 to $499,999	$410,001 to $749,999	$109,001 to $390,999	**$649.20** (202.90 + 446.30)	**+ $83.30**
$500,000 +	$750,000 +	$391,000 +	**$689.90** (202.90 + 487.00)	**+ $91.00**

* 2024 MAGI = Adjusted Gross Income (Form 1040 line 11) + Tax-Exempt Interest (Form 1040 line 2a)