



Medicare Enrollment Guide

The Trusted Partner for Medicare Enrollment and
Coverage Solutions for members of
Independent Funeral Directors of Florida



Gallagher

Insurance | Risk Management | Consulting

Now that you're approaching age 65, it's time to consider signing up for Medicare. While Medicare does cover a wide range of expenses, there are certain costs it doesn't include, such as prescription drugs, deductibles, copayments and certain healthcare services. That's why many Medicare participants opt for additional insurance to cover these expenses.

Gallagher is here to assist you with finding, comparing and enrolling in health insurance plans that align with your needs and budget. As your trusted partner, we take the time to speak with you and understand your situation before making any plan recommendations. The best part is that there is no cost to you or your Medicare-eligible dependents for using our services. Let's begin the process and explore your options together.

Let's Review the Basics!

Understanding the Different Parts of Medicare

Original Medicare: Parts A & B

Medicare **Part A**

Provides coverage for hospital stays, skilled nursing facility care, hospice care, home health care and other specialized treatments. If you or your spouse paid Medicare taxes while working, you typically do not have to pay a monthly premium for Part A.

Medicare **Part B**

Provides coverage for doctor visits and outpatient services. Also includes coverage for certain preventive services aimed at promoting and maintaining good health. To receive Part B coverage, you are required to pay a monthly premium, which is typically deducted from your monthly Social Security check.

Additional Coverage Options:

Given that Part A and Part B do not provide coverage for all medical expenses, you have several options to obtain additional coverage and reduce out-of-pocket exposure.

1

You can add a Part D prescription drug plan.

A Medicare Part D plan is a prescription drug coverage plan offered by private insurance companies. It helps cover the costs of prescription medications and can be added to Original Medicare or included in a Medicare Advantage plan.

2

You can replace Medicare Part A and Part B with a Medicare Advantage Plan (Part C).

Includes all the benefits of Original Medicare (Part A and Part B) and provides additional coverage such as prescription drugs, vision, dental and hearing services, as well as wellness programs.

3

You can supplement Original Medicare with a Medigap Plan + Part D.

Helps cover the "gaps" in Original Medicare by paying for certain out-of-pocket costs. It works alongside Original Medicare and does not typically include prescription drug coverage, so a separate Part D plan would be needed.

Visit: <https://ahs-member-us.ajg.com/ifdf>

Speak with an Advisor: 833-645-1671

4 EASY STEPS TO SIMPLIFY YOUR PATH TO HEALTH INSURANCE

1

Enroll in Original Medicare

There are multiple ways to sign up for Medicare. You can visit your local Social Security office, call (800) 772-1213 (TTY (800) 325-0778), or apply online at www.ssa.gov.

2

Determine which additional benefits you'd like: Medicare Advantage vs Medigap

Both supplement Original Medicare, but they differ in how they provide coverage. Medicare Advantage plans replace Original Medicare and often include prescription drug coverage.

Medigap plans work alongside Original Medicare and help pay for certain costs like copayments, coinsurance and deductibles. They do not include prescription drug coverage, so beneficiaries would need to enroll in a separate Part D plan.

3

Determine your prescription needs

Many Medicare-eligible people opt for a prescription drug plan, particularly in the following situations:

- They choose a plan that does not provide prescription drug coverage.
- They incur substantial drug expenses or seek insurance as a safeguard against potential future increases in drug costs.
- They wish to avoid a late enrollment penalty by adding prescription drug coverage at a later date rather than during their initial eligibility period.

4

Review plans and get enrolled

Gallagher licensed advisors are here to assist you with finding, comparing and enrolling in a health insurance plan that aligns with your needs and budget.

To speak to a dedicated agent, you can:

- Call Us Now: 833-645-1671
- Request More Information Online:
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Frequently Asked Medicare Questions

When am I eligible for Medicare?

The requirements for Medicare eligibility vary based on your age. While everyone aged 65 or older is eligible for Medicare benefits, individuals under the age of 65 must meet one of the following criteria:

- You've been receiving Social Security Disability or Railroad Retirement Board benefits for 24 months prior to your desired enrollment date.
- You've been diagnosed with Amyotrophic Lateral Sclerosis (ALS).
- You've been diagnosed with End Stage Renal Disease (ESRD) and have undergone a kidney transplant or are on dialysis.

How do I sign up for Original Medicare?

There are multiple ways to sign up for Medicare. You can visit your local Social Security office, call **(800) 772-1213** (TTY (800) 325-0778), or **apply online at www.ssa.gov**. The enrollment period for Medicare Part A and Part B is a seven-month period that starts three months before the month you turn 65, includes the month you turn 65, and ends three months after that month.

If I enroll in Medicare, isn't that enough coverage?

No, Original Medicare (Parts A and B) does not provide full coverage for all your health care costs. You are responsible for paying deductibles and copayments for most basic services, and it does not include coverage for prescriptions, vision or dental care or medical services outside the United States.

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When can I change my Medicare plan?

You're only able to join, switch, or drop your Original Medicare or Medicare Advantage Plan during the following enrollment periods:

- Annual Enrollment Period (AEP) — Annually from October 15 to December 7.
- Medicare Advantage Enrollment Period — Annually from January 1 to March 31.
- Special Enrollment Period (SEP) — You may qualify for a Special Enrollment Period (SEP) if you lose or need to alter your Medicare plan due to certain life events and circumstances, such as changes in your employment status or residence. If you lose coverage, the typical period of eligibility lasts 60 days.

What should I consider when choosing a plan?

In addition to costs and coverage, finding a Medicare plan to fit your lifestyle should be one of your top priorities. Plans come in a variety of shapes and sizes — from plans tailored for people with a fixed income, to plans that include travel and out-of-network coverage benefits. Some of your most important considerations should include costs, coverage, doctor and hospital choice, prescription drugs, your other coverage, quality of care and travel.