

**Freedom Premier Financial Group, LLC.**  
**Insurance Specialist - 13+ Years of Experience**  
**Edward D'Agostin, Jr.**  
**President**

## **Medicare Turning 65 step By Step Process** Page 1

- A. Before you can apply for Medicare Supplement or Medicare Advantage coverage, you must have received your Medicare claim card, and it must state the effective date of BOTH Medicare Part A and Medicare Part B. You can then apply for Medicare Supplement coverage as early as 3 months before your Medicare birthday month. Your effective date would be the first of your birthday month, EXCEPTION: your birthday is on the 1<sup>st</sup> of the month, & then your effective date would be the 1<sup>st</sup> of the prior month of your birthday month.**
- B. If you are already signed up for Social Security Income or will be starting on your Medicare effective date month:**  
You should automatically receive your Medicare Claim Card with Part A & Part B effective dates listed. The Medicare Part B premium will be an automatic deduction out of your Social Security check. See the table on the next page for your premium amount. This monthly charge is separate from the cost of a Medicare Supplement Plan. If you already have your Medicare Card with both Medicare A and B, then please call me to further assist you as there is no charge for my service, and there is no difference in cost by going with me. The companies pay me, and I can also help you in the future if needed.
- C. If you are not signed up for Social Security Income and are not planning to when you turn 65, BUT YOU DO want to sign up for Medicare Supplement Coverage, contact the Social Security Department at 1-800-772-1213, or go on line to: [www.ssa.gov](http://www.ssa.gov) and Click - Online Services, then Under Apply For Benefits, Click on - Apply for Medicare Benefits and follow the instructions and sign up for Medicare Part A and B, and make arrangements to pay the Part B premiums. Then you will receive your Medicare Claim Card. As soon as you receive your card please call, me so I can further assist you.**

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**D. If you are not collecting Social Security, and still working and are on a qualified group health plan, and you are not going to sign up for a Medicare Supplement Plan until you leave your Company Group Health Plan, you do not have to sign up for Medicare Part A or B and you will not be penalized. This will save you the monthly Medicare Part B Premium while you have a qualified group health plan. When you leave your group health plan, you then have a Special Election Period so you can sign up for Medicare Part A & B and not be penalized. If you wish, you can sign up for Medicare Part A when you turn 65, but it is not required. If you do decide to sign up for Medicare Part A when you turn 65, and still stay on your group health plan, you can do so by going to go to [www.ssa.gov](http://www.ssa.gov) and create an account or you can call the Social Security Department at 1-800-772-1213. Once you sign up for Medicare Part A, you should go to [www.medicare.gov](http://www.medicare.gov) and create your account and password.**

**Also, just to be sure, you can ask your benefits manager whether you have group health plan coverage (as defined by the IRS). People with group health coverage based on current employment may be able to delay Part A and Part B and won't have to pay a lifetime late enrollment penalty if they enroll later, and they will have a "Special Election Period". If you want to delay both Part A and Part B coverage, you don't need to do anything when you turn 65.**

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**MEDICARE PART B PREMIUMS**

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The Table Below pertains to most people who are over 65 or are turning 65 in 2024, and will **START Part B enrollment in 2024.**

**Single**

**Married Joint**

**Monthly Premiums**

|  |   |          |
|--|---|----------|
| <b>\$103K or Less</b>                            | <b>\$206K or Less</b>                           | \$174.70 |
| <b>Greater Than \$103K to \$129 K</b>            | <b>Greater Than \$206K to \$258K</b>            | \$244.60 |
| <b>Greater Than \$129 K to \$161 K</b>           | <b>Greater Than \$258K to \$322K</b>            | \$349.40 |
| <b>Greater Than \$161 to \$193 K</b>             | <b>Greater Than \$322K to \$386K</b>            | \$454.20 |
| <b>Greater Than \$193 K and Less Than \$500K</b> | <b>Greater Than \$386K and Less Than \$750K</b> | \$559.00 |
| <b>Greater Than or Equal to \$500,000</b>        | <b>Greater Than or Equal to \$750,000</b>       | \$594.00 |

**Go To next page for Part D Premiums**

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**Medicare Part D Monthly Premiums**

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The chart below shows your **2024** estimated prescription drug plan monthly premium based on your income in **2022**. If your income is above a certain limit, you will pay an income-related monthly amount in addition to your plan premium.

| <b>If Your Yearly</b>                                      | <b>Income in</b>   | <b>You Pay in</b>                           |
|--|--|---|
| <b>File Individual</b>                                     | <b>2022 Was</b>  | <b>2024</b>                                 |
| <b>Tax Return</b>  | <b>File Joint Tax</b>  |   |
|  | <b>Return</b>  |   |
| <b>\$103K or Less</b>                                      | <b>\$206K or Less</b>  | <b>\$0 – Pay Only<br/>Your Plan premium</b> |
| <b>Greater Than<br/>\$103K to \$129K</b>                   | <b>Greater Than<br/>\$206K to \$258K</b>                     | <b>\$12.90 + Your<br/>Plan Premium</b>      |
| <b>Greater Than<br/>\$129K to \$161K</b>                   | <b>Greater Than<br/>\$258K to \$322K</b>                     | <b>\$33.30 + Your<br/>Plan Premium</b>      |
| <b>Greater Than<br/>\$161K to \$193K</b>                   | <b>Greater Than<br/>\$322K to \$386K</b>                     | <b>\$53.80 + Your<br/>Plan Premium</b>      |
| <b>Greater Than<br/>\$193K and Less<br/>Than \$500,000</b> | <b>Greater Than<br/>\$386K &amp; Less<br/>Than \$750,000</b> | <b>\$74.20 + Your<br/>Plan Premium</b>      |
| <b>\$500,000 or<br/>Above</b>                              | <b>\$750,000 and<br/>Above</b>                               | <b>\$81.00 + Your<br/>Plan Premium</b>      |

Go To Supplement Coverage Next Page

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## **Medicare Supplements** **Page 5**

### **Medicare Supplements & Stand-Alone Drug Plans**

- A. With a Medicare Supplement Plan, you can go to any doctor, any Hospital anywhere in the country that accepts Medicare. There are no mandatory lists to choose providers from.**
  
- B. With a Medicare Supplement Plan, you pay a monthly premium to have the plan. Example: Supplement Plan G – Male Age 65 nonsmoker in Area 2 could pay **\$204.30** per month. A Female Nonsmoker in Area 2 could pay **\$196.25**.**
  
- C. With the Plan G, you would have a **\$226.00** per year deductible for out-patient medical expenses and then all Medicare covered expenses would be fully paid by the plan and you would pay nothing out of pocket for covered medical services.**
  
- D. With the Plan G High Deductible Plan, you pay a lower monthly plan premium. Example: Plan G High Deductible – Male age 65 nonsmoker in Area 2 could pay **\$58.00** per month. A Female nonsmoker in Area 2 could pay **\$51.00** per month.**
  
- E. A Separate Prescription Plan could cost **\$0** per month, depending on the Company and the plan.**

**Go To Advantage Plan Next Page**

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## **YOU CHOOSE FROM PROVIDERS THAT ARE IN NETWORK\***

- A. Several plans have \$0, no monthly premiums and include medical and prescription coverage. Some plans do charge a monthly premium.**
- B. You pay as you use the plan. Example: You would pay a copay for doctor visits. With covered Preventative Services, there are no copays.**
- C. With a hospital stay you pay a copay per day up to a certain number of days. Then you pay nothing after that. (Ask about our Hospital Supplemental plan. It pays your Hospital Co Pays for an in hospital stay).**
- D. There are two types of plans: HMO and PPO**
- E. HMO - You must choose a primary care physician that is in network and takes the plan. In most situations you must get a referral to see other doctors such as specialists. You must only use in network doctors and providers unless it is a true emergency.**
- F. PPO - You choose a primary care physician, but you do not have to get a referral to see in network providers. If you choose to go out of network, you will pay more out of pocket than with in network providers.**
- G. There are limited Dental, Hearing, and Vision Benefits. (See the Summary of Benefits per plan).**
- H. Most plans include the Gym membership at no cost.**

**\*Exception: With a PPO Plan you may go out of network if the provider agrees to accept your plan, but you will pay higher costs.**

**IMPORTANT: PLEASE CALL US TO GUIDE YOU AS THERE IS NO COST FOR OUR SERVICE. YOU PAY THE SAME COSTS FOR THE PLANS. YOU WILL HAVE A LOCAL FLORIDA AGENT IF NEEDED FOR FUTURE SERVICE.**

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"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."