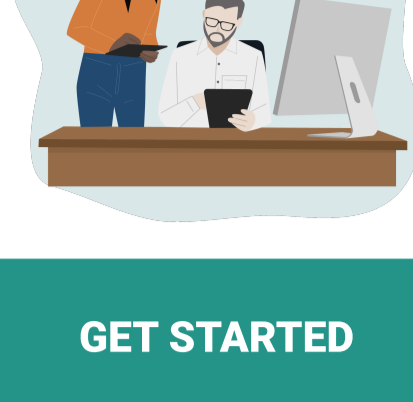


Your Guide On The Road To Medicare

Are you Medicare ready?
Research Your Medicare options.



GET STARTED

Easy Path To Choosing A Medicare Plan

- 1** Learn about **Medicare**
- 2** Take our assessment and **evaluate your needs**
- 3** Recieve **customized advice**

How It Works

After answering a few simple questions through our Medicare assessment, you will learn about your best options on:

Plan Options



Costs to Expect



Easy Enrollment



Next Steps



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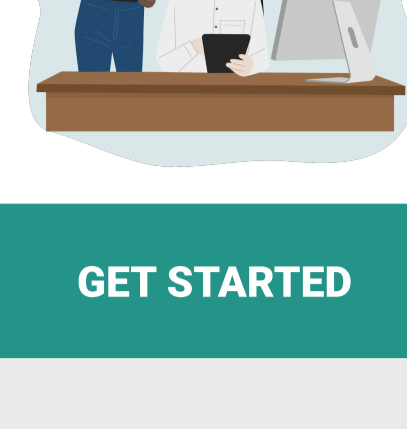


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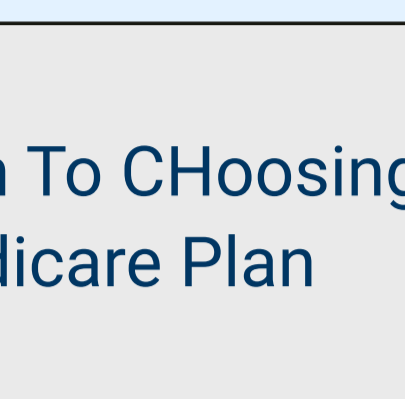
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PLACEHOLDER



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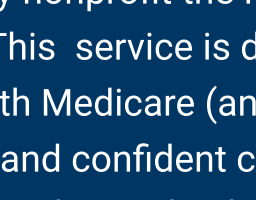


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Make Sense Of Medicare Costs



Medicare covers a wide range of medical services. If you're new to Medicare, check out our [coverage map](#). But Medicare is not free – it does not cover everything. Anyone with Medicare will pay for a portion of their expenses, but what you pay will depend on the type of coverage that you have.

[Learn more](#)

Resources

[What Are Medicare Part A Costs?](#)

[What Are Medicare Part B Costs?](#)

[What Are Medicare Part C Costs?](#)

[What Are Medicare Part D Costs?](#)

[Do I Qualify For Medicare Help?](#)

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[2](#)

[3](#)

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What Are Medicare Part C Costs?

Before you choose to enroll in a Part C (private Medicare Advantage or MA) health plan, you should check to see what costs you may have. These costs may include:

Part C Medicare Premiums

In 2019, the estimated average monthly MA plan premium will be \$28, but this premium may vary significantly between plans, anywhere from \$0 to over \$200. Remember that you must have Medicare Parts A & B to join a Medicare Advantage plan.

You pay your usual Part B premium plus any additional premium that the plan may charge. Some MA plans may pay a portion of your Part B premium; check with the plan to see if this is the case.

Part C Medicare Deductibles

Only some Medicare Advantage Plans have an annual deductible, in addition to the standard Part B deductible. Plans that include prescription drug coverage may charge another deductible for drug coverage.



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Copayments

Copayments are for specific services, such as doctors' visits. Usually copays are a flat dollar fee, unlike the coinsurance percentage of traditional Medicare. Some types of plans charge higher copays to see providers out of your network.

Each year, plans establish the amounts they charge for premiums, deductibles and services. Each Part C plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities or suppliers that belong to the plan for non-emergency or non-urgent care).

These rules can change each year, but what you pay may change only once a year, on January 1. For current Medicare beneficiaries, the maximum out-of-pocket spending limit is \$6,700 in 2019. If you use out-of-network providers, the limit may be higher. Some plans offer an out-of-pocket limit below the \$6,700 maximum.

What are the costs of SNPs?

SNPs are Part C plans that only admit people with Medicare who:

- Have certain serious chronic medical conditions, or
- People who have Medicaid and Medicare, or
- People who live:
 - In certain nursing homes or
 - At home but have high care needs and could qualify for a nursing home.

If you have both Medicare and Medicaid, most of your costs will be covered by those programs. If you don't have Medicaid or get help from other programs (such as Medicare Savings Programs), your costs may be similar to what you would pay in a regular Medicare Advantage plan.

Related Content

[A Second Chance to Switch Medicare Advantage Plans](#)

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