ADAMS INSURANCE MANAGEMENT

Your Medicare guide

Insurance choices made clearer.

Understand the basics. Know your timing.
Prepare for a helpful conversation.

Call Jamey: 717-205-6613

Independent guidance | 2027 edition

START WITH A CONVERSATION

Meet your agent



Jamey Adams
Founder & licensed agent

18 years of insurance experience.

Your Medicare choices should fit your doctors, prescriptions, budget, and plans for the years ahead. This book explains the questions worth asking before you enroll.

Based in Lancaster County, AIM serves Lancaster, York, Berks, and Chester counties. Jamey is licensed in Pennsylvania, Maryland, New Jersey, Florida, and Georgia.

Contents

Original Medicare: Parts A & B	3	Late-enrollment penalties	9
Understanding Parts C & D	4	Costs in plain English	10
Where Medigap fits	5	Prescription coverage	11
Two coverage paths	6	Preventive care and plan extras	12
HMO or PPO?	7	Hospital costs and plan reviews	13
Enrollment: plan ahead	8	Bring your questions	14
		Questions I want to ask	15

Questions? Call Jamey at 717-205-6613.

THE FOUNDATION

Original Medicare: Parts A and B

Original Medicare is the federal program made up of Part A and Part B. Together, they help pay for covered hospital and medical services.

Part A | Hospital insurance

Helps cover inpatient hospital care, limited skilled nursing facility care when requirements are met, hospice, and certain home health services. Most people qualify for premium-free Part A; covered care can still have deductibles and other costs.

Part B | Medical insurance

Helps cover doctors, outpatient care, medically necessary equipment, and many preventive services. Part B has a monthly premium and annual deductible. Under Original Medicare, you usually pay 20% of the Medicare-approved amount for covered Part B services after the deductible.

> Coverage has limits. Original Medicare does not cover everything. You may want separate drug coverage and help with your share of covered costs. See pages 5-6.

General education. Plan rules vary.

PRIVATE-PLAN OPTIONS

Understanding Parts C and D

Part C | Medicare Advantage

An alternative way to receive your Part A and Part B benefits through a private Medicare-approved plan. You must have both parts and live in the plan's service area. You keep Medicare and generally continue paying the Part B premium.

Most Advantage plans include Part D. They have their own copays, networks, and coverage rules; some services require prior authorization. Extra dental, vision, or hearing benefits may be included, with limits.

Part D | Prescription coverage

Private Medicare-approved plans help pay for covered prescriptions. You may join a separate drug plan with Original Medicare, or receive drug coverage through an Advantage plan that includes it.

Check your actual medicines, pharmacy, deductible, and coverage restrictions. Even if you take no medicines now, understand the late-enrollment rules on page 9.

General education. Plan rules vary.

FILLING CERTAIN GAPS

Where does Medigap fit?

Medigap is private insurance alongside Original Medicare. Medicare pays its share of an approved service; your policy helps pay eligible remaining costs.

What it may help pay

Depending on the policy, benefits help with certain deductibles, copays, and coinsurance. In most states, plans use letters such as G or N. The same letter has standardized benefits, but premiums can differ by insurer.

What it does not do

Medigap is not Medicare Advantage and cannot pay Advantage copays. New Medigap policies do not include Part D. They generally do not cover routine dental, vision, hearing aids, or long-term custodial care.

Your timing matters

Your federal six-month Medigap open-enrollment window starts the first month you are 65 or older and have Part B. Outside protected periods, medical underwriting may apply. State rights vary.

General education. Plan rules vary.

COMPARE THE WHOLE PICTURE

Two coverage paths

What to compare	Original Medicare	Medicare Advantage
Medical coverage	Parts A + B	Private plan provides A + B
Prescriptions	Usually add a separate Part D plan	Most plans include Part D
Doctors	Providers who accept Medicare	Check plan network and out-of-network rules
Extra coverage	May add Medigap	Cannot add Medigap for plan copays
Medical spending limit	No annual cap in Original Medicare alone	Yearly maximum out-of-pocket (MOOP) for covered A/B services

Dental and vision: Original Medicare generally excludes routine dental care, routine eye exams for glasses, and most eyeglasses. Certain medically necessary services have exceptions. Advantage extras vary; check limits and provider rules.

A $0 plan premium does not mean $0 total costs. You generally pay Part B premiums with either path.

General education. Plan rules vary.

UNDERSTAND YOUR NETWORK

HMO or PPO: what changes?

HMO | Health Maintenance Organization

Generally uses a network for covered care. Non-network care may not be covered except emergencies, out-of-area urgent care, and temporary out-of-area dialysis. Many HMOs require a primary care doctor and specialist referrals. Some HMO-POS plans allow certain out-of-network services at higher costs.

PPO | Preferred Provider Organization

Uses a network, with generally lower costs in network. Covered out-of-network care is usually available at higher costs. PPOs generally do not require a primary care doctor or specialist referral. Confirm the provider will treat you under the plan's terms and that the service is covered.

> A referral is not prior authorization. A referral comes from a provider to direct your care. Prior authorization is the plan's approval for certain services. A PPO can still require prior authorization.

Check your doctors. Call Jamey: 717-205-6613

General education. Plan rules vary.

GET THE TIMING RIGHT

Enrollment: plan ahead

New to Medicare

The Initial Enrollment Period generally lasts seven months: three before your 65th birthday month, that month, and three after. First-of-month birthdays differ. Check with Social Security whether you need to apply.

Working past 65 or retiring

Qualifying current-employment coverage may allow a Part B Special Enrollment Period. COBRA and retiree coverage do not provide the same protection. Before delaying enrollment, check employer coordination and HSA contribution rules.

October 15 - December 7

Annual Open Enrollment allows eligible Advantage and Part D changes, generally effective January 1. It does not guarantee the right to buy Medigap.

January 1 - March 31

People already in Medicare Advantage may make one eligible change to another Advantage plan or return to Original Medicare and add Part D. Other special periods may apply.

General education. Plan rules vary.

AVOID LASTING SURPRISES

Late-enrollment penalties

Part B: a percentage added monthly

Without an applicable exception, the penalty is generally 10% of the standard Part B premium for each full 12-month period you could have had Part B but did not. It usually lasts as long as you have Part B. A two-year delay can mean a 20% penalty; the dollar amount can change as premiums change.

Part D: uncovered months matter

After your Initial Enrollment Period, going 63 consecutive days or more without Part D or other creditable drug coverage may trigger a penalty when you enroll later. It is generally 1% of the national base beneficiary premium for each full uncovered month, rounded to the nearest 10 cents.

The Part D penalty generally continues while you have drug coverage and can change yearly. Extra Help and other exceptions can affect penalties. Keep your written creditable-coverage notices.

Check your enrollment timing. Call Jamey: 717-205-6613

General education. Plan rules vary.

KNOW WHAT YOU MAY PAY

Costs in plain English

2027 ORIGINAL MEDICARE COSTS

Standard monthly Part B premium	**$209.40**
Annual Part B deductible	**$292**
Part A hospital deductible per benefit period	**$1,776**
Monthly Part A premium if you pay for Part A	**$328 or $597**
Hospital coinsurance per day, days 61-90	**$444**
Hospital coinsurance per lifetime reserve day	**$888**
Skilled nursing coinsurance per day, days 21-100	**$222**

Most people pay no Part A premium. If you buy Part A, its premium depends on Medicare-covered work history. Higher incomes can raise Part B and Part D costs.

How cost sharing works

A premium keeps coverage active. A deductible is what you pay before coverage starts sharing certain costs. A copay is a fixed amount. Coinsurance is a percentage of the covered cost.

Medicare Advantage has a yearly limit for covered Part A and B costs. Part D has its own drug cost limit.

Source: CMS 2027 Medicare premiums and deductibles

START WITH YOUR ACTUAL MEDICINES

Prescription coverage deserves a review

Check the drug list and pharmacy

A formulary is the plan's covered-drug list. Costs can depend on the drug's tier, dose, quantity, and pharmacy. A preferred network pharmacy may cost less than another network pharmacy. Some drugs require prior authorization, step therapy, or quantity limits.

Ask how the deductible works

A plan may have a drug deductible, but some tiers may be covered before you meet it. Check the exact plan. A $0 medical deductible does not automatically mean a $0 drug deductible.

Look at the full year

In 2027, the maximum Part D deductible is $700. Out-of-pocket spending for covered Part D drugs is capped at $2,400. Plan premiums are separate.

The Medicare Prescription Payment Plan can spread covered drug costs across the year. It does not reduce the total owed.

Ask about Extra Help for Part D and Medicare Savings Programs for premiums and other costs. Eligibility rules apply.

Source: CMS 2027 Part D benefit parameters

UNDERSTAND THE DETAILS

Preventive care and plan extras

Preventive versus diagnostic

Preventive care aims to prevent illness or find it early. Diagnostic care evaluates symptoms or a suspected problem. Most Medicare-covered preventive services cost $0 under Original Medicare when requirements are met and the provider accepts assignment.

Additional evaluation or tests during a preventive visit can create separate charges. Not every diagnostic test has cost sharing, and not every screening is free in every situation. A Medicare Wellness visit is not a routine physical. Ask the provider how services will be billed.

OTC, groceries, and rewards differ

An over-the-counter (OTC) benefit may help buy approved health products. A food allowance, if offered, has its own eligibility, purchase, and spending rules; not every member qualifies. Rewards are earned under specific program rules and are not the same as an allowance.

Compare extras alongside doctors, medicines, costs, and plan rules. Check spending deadlines.

General education. Plan rules vary.

PREPARE FOR THE UNEXPECTED

Hospital costs and annual checkups

Ask about a hospital stay

Check the daily copay, number of charged days, deductible, and medical out-of-pocket limit. An overnight stay can be outpatient observation rather than an inpatient admission; status can affect costs and follow-up skilled nursing coverage.

Optional supplemental protection

Hospital indemnity insurance may pay specified cash benefits for covered events. It is separate insurance with a separate premium, eligibility rules, exclusions, and benefit limits. It does not replace Medicare or guarantee that every hospital expense will be paid. Ask for a comparison of its cost and benefits.

Review your plan each year

Read your Annual Notice of Change each fall. Recheck prescriptions, pharmacies, providers, copays, and benefits for the coming year. A review does not mean you need to switch. Staying can be the right choice when your coverage still fits.

Review your hospital costs. Call Jamey: 717-205-6613

General education. Plan rules vary.

MAKE YOUR APPOINTMENT USEFUL

Bring your questions

A personal comparison starts with your needs. Gather these items for your appointment; keep sensitive information for a secure conversation.

[ ] Medicare card and Part A / Part B start dates

[ ] Current insurance cards and plan change notices

[ ] Medication names, doses, and frequency

[ ] Preferred pharmacy and backup pharmacy

[ ] Doctors, specialists, and preferred hospitals

[ ] Retirement date and employer coverage end date

Do not email your Medicare number, Social Security number, payment details, or medical records.

Schedule your appointment. Call Jamey: 717-205-6613

Questions I want to ask

YOUR NEXT STEP

Let's talk Medicare

Bring your questions. Together, we will review your doctors, prescriptions, costs, and priorities.

Call Jamey: 717-205-6613

Schedule your Medicare appointment
Monday-Friday, 8am-5pm
Ask about phone, virtual, or in-home appointments.
jadams@aimhitsthemark.com
aimhitsthemark.com

Request a callback
Scan the code or call.
No obligation to enroll or purchase coverage.

AIM charges no fee for guidance or enrollment assistance. Insurers compensate us when eligible coverage is placed. Insurance premiums and policy costs still apply.

AIM is an independent insurance agency and is not affiliated with or endorsed by Medicare or any government agency. We explain options from the companies we represent. Plan availability, eligibility, enrollment periods, and policy requirements vary. This guide is general education, not a complete statement of benefits.

Official Medicare help: Medicare.gov | 1-800-633-4227