



## Enrollment Checklist:

### Steps for enrollment:

1. If not already enrolled in Medicare, please do so.
2. Links can be found under Medicare Basic Information, page 2
3. If you are currently working and need to enroll in Medicare past age 65, please complete the employer verification form. page 7
4. Once you receive the emailed applications from us, please review for accuracy and sign the forms. That will submit your application for enrollment.
5. As this process happens behind the scenes you will receive status update emails as your application is going through the enrollment process.
6. Once your application is approved, you will receive a welcome email from our team, a packet in the mail, and a welcome phone call to introduce you to all of the support you have with Transitions.

Please know that we will reach out throughout the year, just to see how you are doing and plan on scheduling a prescription drug review each fall with our team.

Please make sure that my email is on the safe sender's list. We will be giving you email updates as your application processes. If you need to get in touch with me at any time, please call 800-936-1405.

It has been a pleasure working with you through this process.

### Transitions RBG

800-936-1405  
7824 Hickory Flat Hwy  
#150  
Woodstock, GA 30188

**800-936-1405**



## *Understanding & Preparing for Medicare*

A follow-up guide and workbook  
for Medicare, supplemental plans,  
and enrollment notes



# Welcome to Transitions Benefit Group

Thank you for taking the time to speak with me today regarding your Medicare decisions and enrollment options. In this review we will highlight the following:

- Steps for Medicare Part A & B Enrollment
- Loss of Coverage Letter OR Verification of Employment (if applicable)
- Coordination of Benefits
- Medical Plan Selection
- Prescription Plan Coverage
- Enrollment Intake Forms
- Expectations of Next Steps

## Medicare is health insurance for:

- People age 65 or older.
- People under age 65 with certain disabilities.
- People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

## Additional Links for review on your own:

- [Instructions on How to Enroll in A & B](#)
- [Checklist for Online Enrollment](#)
- [Medicare Overview 2021](#)
- [Medicare Costs at a Glance](#)

## Types of Medicare Plans:

- [Medicare Advantage Plans](#)
- [How to Compare Medicare Supplement Plans](#)
- [Prescription Drug Plans](#)

## Enrollment Links:

- [Part B ONLY Application](#)
- [Part A & B Enrollment Link](#)
- [Find a Social Security Office Near You](#)

## Part B premiums

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
- Railroad Retirement Board
- Office of Personnel Management

If you don't get these benefit payments, you'll get a bill.

Most people will pay the standard premium amount. If your modified adjusted gross income is above a certain amount, you may pay an Income Related Monthly Adjustment Amount (IRMAA). Medicare uses the modified adjusted gross income reported on your IRS tax return from 2 years ago. This is the most recent tax return information provided to Social Security by the IRS.

The standard Part B premium amount in 2021 is \$148.50. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

| If your yearly income in 2019 (for what you pay in 2021) was |   |  | You pay each month (in 2021) |
|--|---|--|------------------------------|
| File individual tax return                                   | File joint tax return                   | File married & separate tax return     |                              |
| \$88,000 or less   | \$176,000 or less                       | \$88,000 or less                       | \$148.50                     |
| above \$88,000 up to \$111,000                               | above \$176,000 up to \$222,000         | Not applicable                         | \$207.90                     |
| above \$111,000 up to \$138,000                              | above \$222,000 up to \$276,000         | Not applicable                         | \$297.00                     |
| above \$138,000 up to \$165,000                              | above \$276,000 up to \$330,000         | Not applicable                         | \$386.10                     |
| above \$165,000 and less than \$500,000                      | above \$330,000 and less than \$750,000 | above \$88,000 and less than \$412,000 | \$475.20                     |
| \$500,000 or above   | \$750,000 and above                     | \$412,000 and above                    | \$504.90                     |

## Part D IRMA Fees

**2021**

If your filing status and yearly income in 2019 was

| File individual tax return              | File joint tax return                   | File married & separate tax return     | You pay each month (in 2021) |
|---|---|--|------------------------------|
| \$88,000 or less                        | \$176,000 or less                       | \$88,000 or less                       | your plan premium            |
| above \$88,000 up to \$111,000          | above \$176,000 up to \$222,000         | not applicable                         | \$12.30 + your plan premium  |
| above \$111,000 up to \$138,000         | above \$222,000 up to \$276,000         | not applicable                         | \$31.80 + your plan premium  |
| above \$138,000 up to \$165,000         | above \$276,000 up to \$330,000         | not applicable                         | \$51.20 + your plan premium  |
| above \$165,000 and less than \$500,000 | above \$330,000 and less than \$750,000 | above \$88,000 and less than \$412,000 | \$70.70 + your plan premium  |
| \$500,000 or above                      | \$750,000 and above                     | \$412,000 and above                    | \$77.10 + your plan premium  |

## Part D Late Enrollment Penalty

The late enrollment penalty is an amount that's permanently added to your Medicare drug coverage (Part D) premium. You may owe a late enrollment penalty if at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Medicare drug coverage or other creditable prescription drug coverage . You'll generally have to pay the penalty for as long as you have Medicare drug coverage.

## IMPORTANT INFORMATION:

IF you are currently working, and are making this decision while you CONTINUE TO WORK- please take a moment to complete this link. Your employer is responsible to coordinate any health benefits properly with Medicare. These questions/form helps them to understand how to pay claims. This also prevents any additional out of pocket expenses that you could be your responsibility.

Medicare  
Acknowledgement Form

## Your Personal Situation:

Each person has a different scenario while they seem like they should be the same, they are created based on your needs. Please follow this worksheet to understand what fits your individual needs. We will be here to help you throughout this entire process and after you enroll in Medicare.

Are you:

- 1. Continuing to work
- 2. Moving to Medicare
- 3. Other:

Do you have a retirement date in mind? If so, when: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Are you contributing to an HSA account? YES NO

Are you over the age of 65? YES NO

Optional:

Medicare Part A effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicare Part B effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supplement Items you are interested in learning about or enrolling into:

- Medicare Supplement Plan
- Medicare Advantage Plan (with or without PDP)
- Prescription Drug Plan (PDP)

## Medical Coverage Options:

Carriers discussed during your call:

Plan Name discussed during your call:

Plan Premium:

Is a network of doctors required for this plan? If so, which one? \_\_\_\_\_

Notes: \_\_\_\_\_

## Prescription Drug Overview and Coverage

Prescription Drug Plans vary based on your current prescriptions, but offer coverage for all categories of medications. It is required by CMS to offer a minimum number of medication options for each type of medication. These plans will vary based on preferred medications, pharmacies, and retail options. The plan recommendation that we made is one that is based on your current medication usage and recommend re-evaluating that annually during open enrollment from 10/15-12/7.

Do you have a preferred pharmacy?    YES    NO

Preferred Pharmacy: \_\_\_\_\_

Reflections from your call:

Prescription drug carrier discussed: \_\_\_\_\_

Prescription drug plan discussed: \_\_\_\_\_

Prescription drug premium: \_\_\_\_\_

Will you go into the donut hole based on your medications today?   Y    N

Total out of pocket expenses discussed: \_\_\_\_\_

Any medications not covered: \_\_\_\_\_  
\_\_\_\_\_

Low-Income subsidy eligible?    YES    NO

Notes: \_\_\_\_\_  
\_\_\_\_\_

## Recap of Plans:

Plans that meet your needs:

Retirement Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan(s) Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Plan Selected: \_\_\_\_\_

Prescription Drug Plan Selected (if applicable): \_\_\_\_\_

## Premium Recaps:

Medical Plan Premium: \$\_\_\_\_\_

Prescription Drug Plan Premium: \$\_\_\_\_\_

Part A Premium: \$\_\_\_\_\_

Part B Premium: \$\_\_\_\_\_

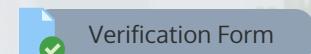
Fees or Penalties: \$\_\_\_\_\_

## TOTAL MONTHLY FEES:

\$\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

When you choose to enroll in Medicare and you or your spouse are past the age of 65, please have your employer complete this form and send it in with your Medicare Enrollment-



## ENROLLMENT SUPPORT:

We will enroll you into the proper plans, they will be emailed to you for confirmation signature. If anything is incorrect on the forms, please let us know. If the forms are completed correctly, please sign them and send them back to us.

## TRANSITIONS SUPPORT:

These applications HAVE to be returned to our office for us to be able to assist with any of your coverage needs. That means that if you use a PDF or paper version of the application, DO NOT return it to the carrier. It must be returned to our office. Your advisor will assist you with returning your application for proper processing.