

*Crown Legacy
Group*



GUIDE TO YOUR PERSONALIZED MEDICARE NEEDS

**NABIP Certified
Specialists**



Who we are

We are Crown Legacy Group, a family-owned, independent agency based in Birmingham, AL, and Nashville, TN. Our specialization lies in the insurance plans available in our home states. As independent agents, we are not beholden to any single insurance company. Our allegiance is solely to our clients. After listening to your needs and goals, we shop among the top companies to find the best policy solution for you. Our services are always offered at no charge to you.

Our mission

To serve as stress relief specialists for our clients, guiding them through the complexities of Medicare and Marketplace insurance with ease and confidence. We are dedicated to offering tailored solutions that meet individual needs, providing peace of mind and ensuring that our clients feel supported every step of the way.

We are licensed health agents who specialize in Medicare

We understand the complexities of Medicare, including Supplement and Medicare Advantage plans. Navigating Medicare can be confusing and stressful, but you don't have to do it alone. We are here to help.

We are an experienced agency

Our agency owner, Paul Todd, has specialized in Medicare for over a decade. He is a state board member and the Birmingham President for the Alabama Chapter of the National Association of Benefits and Insurance Professionals organization. Our agency is certified in Medicare by NABIP, ensuring that we have the expertise to find the perfect solution for your Medicare needs.

**THERE IS A GREAT SOLUTION AVAILABLE
FOR YOU AND YOUR MEDICARE NEEDS.**



**Katie & Brandon
Bryant**
615-263-2332



Paul Todd
205-616-4325

CrownLegacyGroup.com



HOW DO YOU FIND THE BEST MEDICARE SOLUTIONS?

NUMBER ONE: Find a local broker in your STATE, who can be your trusted resource to help guide you through the Medicare MAZE in order to find your SOLUTIONS. Use the broker to be the single point of contact for any questions, local carrier information, claims issues, etc.

NUMBER TWO: Whatever your situation, find answers to various questions in order to help find the best Medicare SOLUTION for you.

- Are you enrolling in Medicare this year?
- Are you thinking about retiring?
- What do Medicare Parts A, B, C and D mean?
- Do your doctors and preferred hospitals accept the Advantage plan you are interested in?
- Are my prescriptions covered?
- How much will it cost?
- Do I have deadlines to enroll?
- What is Original Medicare, and are there other options?
- What is the difference between Medicare and other health coverage?
- Is Original Medicare coverage enough?
- Do you travel out of state for long periods of time on a regular basis?
- Do you have major health issues?
- What is your financial risk tolerance for your health needs?

Disclaimer: We do not offer every plan available in your area. Currently we represent 7+ organizations which offer 100+ products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.



PART A

Inpatient care in Hospital, Skilled Nursing facility care,
Inpatient care in a skilled nursing facility (not custodial
long-term care, hospice care, and home health).

Hospital Care:

Premium \$0 (most cases)

Deductible Days 1 – 60 = Set by Medicare annually

Deductible Days 61 – 90 = Set by Medicare annually

Deductible Days 91 – 150 = Set by Medicare annually

After you use all your lifetime reserve days, you pay all costs.

Skilled Nursing:

Your cost days 1-20= \$0*

Your cost days 21-100 = Set by Medicare annually

Your cost days 100+ = 100% cost to you

Home Health Services

No Coverage = 100% cost to you

Hospice:

Generally covered at 100%

Foreign Travel Emergency:

No Coverage = 100% cost to you

*Skilled Nursing Benefits requires 3 night
admitted stay at a hospital

Medicare Part A typically costs
nothing for most people. It is
considered "premium-free" if you
have worked at least 10 years (or
40 quarters) in the U.S. and paid
Social Security taxes during those
years, contributing toward this
future benefit.

Your out-of-pocket cost for Medicare Part A is unlimited.

PART B

The Part B Premium is adjusted each year by Medicare. Those with higher income may pay more for Part B and Part D. This is the IRMAA (Income-Related Monthly Adjustment Amount).

After the annual deductible, there is a 80%/20% cost share of Medicare approved services.

Part B helps cover: services from doctors and other healthcare professionals, including lab tests, x-rays, outpatient services, durable medical equipment, and home healthcare, along with other Medicare-approved charges not covered by Part A.

What are my costs with a Medicare “Part C” Advantage Plans?

Each year, Medicare Advantage plans set the amounts they charge for premiums, deductibles, and services. The plan (rather than Medicare) decides how much you pay for the covered services you get. The plan can only change what you pay once a year on January 1. You still have to pay the Part B premium.

What’s the difference between a deductible, coinsurance, copayment, and a maximum out-of-pocket limit?

Deductible- the amount you must pay for health care or prescription before Original Medicare, your Medicare Advantage Plan, your Medicare drug plan, or you other insurance begins to pay.

Coinsurance- An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment- An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. A copayment is a fixed amount, like \$30.

Maximum Out-of-Pocket Limit- Plans have a yearly limit on what you pay out of pocket for services. Once you reach your plan’s limit, you’ll pay nothing for Part A and Part B services the plan covers for the rest of the year.



PART D

Medicare members should purchase Part D prescription drug coverage to avoid a penalty.

Deductible Phase

- Insured pays 100% of their gross covered prescription drug cost until deductible is met
- Deductible for _____ maximum \$_____ (some carriers may be lower)

Initial Coverage Phase

- Insured pays up to 25% co-insurance for covered prescriptions
- Annual out-of-pocket threshold is \$2,000

The out-of-pocket costs that count toward reaching the catastrophic limit are known as the “true” out-of-pocket: costs or TrOOP. After reaching the annual out-of-pocket threshold, the beneficiary pays nothing.

- Payment plan option available through the carriers
- Carriers and Manufacturers pick up all remaining prescription drug costs

Attention Veterans:

Do you have health coverage through the Department of Veterans Affairs (VA), TRICARE, or as the spouse of a Veteran through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)? If so, you might think that a Medicare Advantage (MA) plan has nothing additional to offer.

However, an MA plan may actually provide added benefits that can help you achieve your health goals. The key is selecting a plan that complements your existing benefits, ensuring you receive the support you need to make the best choices for your health.



Veterans continued:

Here is why you should consider a Medicare Advantage (MA) plan:

- Many veteran plans reduce the monthly premium you pay to the SSA for Part B.
- Increased coverage. With Medicare, your options for medical care are expanded.

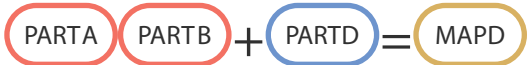
Our veteran-focused Medicare Advantage plan (without prescription drug coverage) offers comprehensive coverage designed to meet your unique needs. Enjoy a wide range of benefits beyond basic Medicare, including additional health services tailored to veterans. Feel confident knowing you have a plan that provides essential coverage with added extras.

Medicare Coverage Options:

Original
Medicare



Medicare Advantage Plan
with Prescription Drug Coverage
(MAPD)



Original
Medicare + Prescription
Drug Plan



Original
Medicare + Prescription
Drug Plan +
Medicare Supplement



ELIGIBILITY

1. You must have 40 quarterly credits, where you paid into Social Security.
2. You must be a U.S. citizen/legal resident for at least 5 years.
3. You must be at least 65 years old, or you must have a qualifying disability of 24 months or other special conditions, like End-Stage Renal Disease (ESRD).

Initial enrollement period:

You have a 7-month period to sign up, including 3 months before your 65th birthday and 3 months after.



Signing up for Medicare – Two important accounts you need to establish:

1. www.ssa.gov (1-800-772-1213)
2. www.medicare.gov (1-800-633-4227)

Already on Social Security or Disability Benefits?

Social Security will usually automatically enroll you.

MEDICARE SUPPLEMENT (MEDIGAP)

Original Medicare doesn't cover all the costs associated with healthcare services and supplies. Medicare Supplement Insurance (Medigap) policies are sold by private insurance companies and can help pay some of the remaining costs, such as co-payments, coinsurance, and deductibles.

There are several different Medigap plans available, with Plan G and Plan N being the most popular. These plans are standardized, meaning they offer the same basic benefits regardless of the company you purchase them from. However, it's important to compare not only the costs but also the company's ratings and the history of their annual premium increases when selecting a Medigap plan.

Additionally, with Medigap, you have the freedom to choose doctors and hospitals throughout the U.S. that accept Medicare.

MEDICARE SUPPLEMENT (MEDIGAP)

DESCRIPTION OF SERVICE	G	N	B
Medicare Part A (Hospitalization) coinsurance plus 365 additional hospital days after Medicare benefits end	✓	✓	✓
Medicare Part A deductible	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	Copay	✓
Medicare Part B deductible			
Medicare Part B excess charges	✓		
Blood (first three pints)	✓	✓	✓
Foreign travel emergency (up to plan limit)	80%	80%	
Hospice Part A coinsurance or copayment and respite care expense	✓	✓	✓
Skilled nursing facility coinsurance	✓	✓	

Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.



WHAT IS YOUR PREFERRED FINANCIAL RISK TOLERANCE?

YOUR CHOICE:

1. Coverage which saves you the most possible on monthly premiums takes a little more exposure financially in the event of a major illness or injury, while obtaining additional benefits.
2. Pay a higher monthly premium in exchange for lower out-of-pocket exposure or richer medical benefits.

How is your present health condition?

Are there any present serious health conditions?

Original Medicare

\$_____ *Deductible*

Part A

Hospital

\$_____ *Deductible*

Part B

Medical

80%

Medicare Supplement (Medigap)

An insurance policy that pays deductibles and 20%

Average cost

Part D

Deductible

\$_____

Prescription Drug Coverage

Copays

Potential monthly cost:
Part B + Medigap + Part D = \$ _____





Medicare Advantage

Four Key Questions:

1. Does your doctor accept your plan?
2. HMO, PPO, SNP (or C-SNP)
3. Are your drugs covered?
4. What is the max out of pocket (MOOP)?

Part C = Parts A+B+D

Part C

Bundled package, managed by an insurance company.

Hospital, medical, and drug coverage combined.

Typically includes benefits beyond medicare.

(Must continue to pay Part B)

Potential monthly cost:

\$_____ + Part B Premium



HOSPITAL INDEMNITY

Owning a Hospital Indemnity plan **alongside** Medicare Advantage offers key benefits for **enhanced financial security** and healthcare coverage, including:

- 1. Cost Protection:** Provides cash benefits for hospital stays to help cover out-of-pocket costs like deductibles and copays.
- 2. Stable Premiums:** Premium rates are locked in at enrollment, ensuring no age-related increases and making budgeting predictable.
- 3. Benefit Flexibility:** Cash benefits can be used as needed, whether for hospital bills, daily expenses, or travel for family support.
- 4. Gap Coverage:** Fills in Medicare Advantage gaps, covering extended stays and services like skilled nursing that might not be fully covered.
- 5. Peace of Mind:** Offers reassurance against unexpected medical costs, allowing focus on recovery.
- 6. Affordability:** Provides significant benefits at a manageable cost, offering great value.
- 7. No Network Restrictions:** Freedom to choose any hospital or provider, unlike some Medicare Advantage plans.
- 8. Ease of Qualification:** Simplified underwriting with potential for guaranteed acceptance during certain periods.
- 9. Cancer Lump Sum Benefit:** Offers a one-time payment upon a cancer diagnosis, crucial for covering immediate treatment costs and alleviating financial stress.
- 10. Complementary Coverage:** Works with Medicare Advantage to provide a more comprehensive safety net.





IF YOU'RE OVER 65 AND PLAN TO CONTINUE WORKING:

More and more Americans are opting to retire later in life, in some cases to maximize Social Security retirement income. If you're part of an employer health plan, Medicare might already pay benefits under Part A (hospital coverage). Whether or not you should enroll in Part B (medical coverage) depends on:

1. The size of your company.
2. How much you pay toward your group premium.
3. If you need coverage for a spouse and/or dependents.

We can review your situation and help you determine what coverage makes the most sense for you.



WHEN YOU DECIDE TO STOP WORKING:

When you leave your job and lose your employer coverage, you'll have a Special Enrollment Period to sign up for Medicare Part B (and Part A if you haven't already). This period lasts for 8 months, starting the month after your employment OR your group health insurance ends. If you still do not enroll after 8 months, you may face a penalty for late enrollment.

IMPORTANT:

If you are interested in joining a Medicare Advantage or Medicare Prescription Drug plan, your chance to join lasts for **two months** after the month your employer coverage ends.

IF YOU HAVE COBRA COVERAGE:

COBRA is not considered credible coverage. You must sign up for Part B during the first 8 months you have COBRA to avoid the late-enrollment penalty. If you miss the 8-month window, you must wait to sign up during the next General Enrollment Period (January 1 - March 31), and coverage won't start until July 1.



WHAT DOES MEDICARE COST?

Year _____ For: _____

ANNUAL COSTS SET BY MEDICARE FOR PART A AND PART B

Part A

Initial Part A Hospital Deductible	\$ _____
Daily copay for days 61-90	\$ _____ per day
Daily copay for days 91-150	\$ _____ per day
Additional 365 days once lifetime reserve days are used	All costs
Skilled nursing copay days 21-100	\$ _____ per day

Part B

Part B and D Premiums \$ _____ **Deductible:** \$ _____ **IRMAA** ☐

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

Favorite Advantage Plan: _____ Cost: \$ _____

Second Advantage Plan Option: _____ Cost: \$ _____

Best Medigap Plan: _____ Company: _____ Cost: \$ _____

Part D Company: _____ Part D Cost: \$ _____

Medigap + Part D Total Cost: \$ _____



Crown Legacy is the best! The people at Crown are very patient and willing to go the extra mile, making getting supplemental insurance a breeze. Paul and the team are very trustworthy and honest and truly care about their customers and making sure all your questions are answered and understood.



Daniel B.

Crown Legacy is extremely knowledgeable about Medicare plans. They care about each of their clients and ensure you get exactly what you need.



Kim R.

Crown Legacy listens to what people need and offers suggestions while giving the pros and cons. This helps people make the right decisions for the right reasons. Thanks!



Bonnie S.

Disclaimer: We do not offer every plan available in your area. Currently we represent 7+ organizations which offer 100+ products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.





2025 MEDICARE PART A

Part A is Hospital Insurance for confinement in a hospital or skilled nursing facility per benefit period.

*A benefit period begins on the first day you receive service as an inpatient and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

When You Are Hospitalized* For:	Medicare Covers:	You Pay:
1-60 Days	Most confinement costs <i>after</i> the required Medicare deductible	\$1,676 (Deductible)
61-90 Days	All eligible expenses after patient pays a per-day coinsurance	\$419 (a day) Coinsurance: as much as \$12,570
91-150 Days	All eligible expenses <i>after</i> patient pays a per-day coinsurance (<i>These are Lifetime Reserve Days that may never be used again.</i>)	\$838 (a day) Coinsurance: as much as: \$50,280
151 Days or More	NOTHING	YOU PAY ALL COSTS
*Skilled Nursing Confinement: Following an inpatient hospital stay of at least 3 days and enter a Medicare-approved skilled nursing facility within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100 after patient pays a per-day coinsurance	After 20 days: \$209.50 (a day) Coinsurance: as much as: \$16,760
Hospice Care: Must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment for outpatient drugs and inpatient respite care	Medicare CO-PAYMENT
BLOOD	100% of approved amount <i>after</i> first 3 pints of blood	First 3 pints

2025 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies - per calendar year.

On Expenses Incurred For:	Medicare Covers:	You Pay:
Annual Deductible	Incurred expenses after the required Medicare deductible	\$257 (Annual Deductible)
Medical Expenses Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	80% of approved amount	20% of approved amount*
Excess Doctor Charges** <i>(Above Medicare Approved Amounts)</i>	0% above approved amount	ALL COSTS
Clinical Laboratory Services	Generally 100% of approved amount	Nothing for services
Home Healthcare	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
Outpatient Hospital Treatment	Medicare payment to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	80% of approved amount <i>after</i> first 3 pints of blood	First 3 pints plus 20% of approved amount for additional pints

2025 Medicare Costs & Premiums

PART A (Hospital)

Inpatient Hospital Stay – You Pay...
(benefit period ends 60 days after release from care)

- **Deductible: \$1,676** per benefit period
- Coinsurance (days 1-60): \$0 per day of each benefit period
- Coinsurance (days 61-90): \$419 per day of each benefit period
- Coinsurance (60 lifetime reserve days): \$838 per day after day 90 of each benefit period

Skilled Nursing Facility Stay – You Pay... (3-day inpatient hospital stay required first)

- Coinsurance (days 1-20): \$0 per day of each benefit period
- Coinsurance (days 21-100): \$209.50 per day of each benefit period

PART B (Medical)

Part B Deductible – You Pay... \$257 per calendar year
Part B Coverage – You Pay... Generally, 20%, after \$257 deductible is met

Part B Premium (including high income Part B & Part D) [paid to Medicare]

Those enrolled in **Part B** will pay at least the standard **\$185.00/mo premium (based on income)**. Higher income earners will pay a **Part B IRMAA (Income Related Monthly Adjustment Amount) in addition** to the \$185.00/mo standard premium.

Higher income earners who are enrolled in **Part D Prescription Drug** coverage also pay a **Part D IRMAA in addition** to the monthly insurance premium for a Part D prescription drug plan or Medicare Advantage plan that includes Part D coverage (see table below).

If your MAGI (Modified Adjusted Gross Income*) in 2023 was...			You pay in 2025 (per person) Monthly premiums to Medicare	
Individual Tax Return	Joint Tax Return	Married & Separate Tax Return	Part B Premium + IRMAA	Part D IRMAA (in addition to Part D plan premium)
\$106,000 or less	\$212,000 or less	\$106,000 or less	\$185.00	---
\$106,001 to \$133,000	\$212,001 to \$266,000	N/A	\$259.00 (185.00 + 74.00)	+ \$13.70
\$133,001 to \$167,000	\$266,001 to \$334,000	N/A	\$370.00 (185.00 + 185.00)	+ \$35.30
\$167,001 to \$200,000	\$334,001 to \$400,000	N/A	\$480.90 (185.00 + 295.90)	+ \$57.00
\$200,001 to \$499,999	\$400,001 to \$749,999	\$106,001 to \$394,000	\$591.90 (185.00 + 406.90)	+ \$78.60
\$500,000 +	\$750,000 +	\$394,000 +	\$628.90 (185.00 + 443.90)	+ \$85.80

* 2023 MAGI = Adjusted Gross Income (Form 1040 line 11) + Tax-Exempt Interest (Form 1040 line 2a)