

## Questions to ask before enrolling in Medicare

Medicare can be complicated, so it's important to understand it as well as you can before you enroll. Plan to have a thorough discussion with a Medicare broker to gain an understanding of your options and make better-informed choices. Keep these questions handy to ensure that you cover all the bases.





Nationwide and NCOA are teaming up to improve the future of older adults. The partnership intends to provide unbiased, trusted information to guide older adults in making decisions that will improve their financial well-being today and into the future.



# Questions to ask before purchasing a Medigap policy

For those choosing Original Medicare (Parts A and B), it is common to also sign up for supplemental insurance to cover out-of-pocket costs. This coverage is called Medigap; there are several plans to choose from and multiple providers who offer it.

There is guaranteed issue of Medigap coverage during the first six months after you enroll in Original Medicare, within 12 months of trying out a Medicare Advantage plan and in other special circumstances.

But outside of those specific time periods, a provider may charge you more or deny approval altogether, depending on your health. That means if you want to switch among Medigap plans later, or switch to Original Medicare and Medigap from a Medicare Advantage plan, you may find you have to pay more or cannot make the switch at all.

For that reason, those with health issues may wish to purchase the most robust Medigap policy they can afford at initial enrollment.

As you and a Medicare broker review various plans, these are questions to keep in mind:



## Premiums

- What is the Medigap policy's monthly premium?
- How are the premiums priced? There are three categories:
  - **No-age-rated** (community-rated), meaning everyone in your area pays the same premium regardless of their age
  - **Issue-age-rated**, meaning the premium is based on how old you were when you bought the policy
  - **Attained-age-rated**, meaning the premium increases as you age
- Is this premium based on my health status, sex, smoking status, marital status or anything else?



## Timeline

- Does the policy impose a pre-existing condition waiting period?
- How long is the waiting period before my coverage begins?
- Do I have prior creditable coverage to reduce my waiting period?  
(Creditable coverage is prior insurance that proves you were covered and can reduce an exclusion period that may be triggered by a pre-existing condition.)



## Coordination of benefits — Discuss with your employee benefits manager

- How will my enrollment in a Medicare Advantage plan affect my current employer-provided (or retiree) coverage?

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## Tips

- If you do not have a guaranteed issue right, ask the insurance representative how much extra you will be charged for purchasing a policy
- If you are under 65, make sure the company you are considering sells to individuals under 65
- Keep track of who you spoke with, when you spoke with them and the outcome of the call

# Questions to ask before joining a Medicare Advantage Plan

A Medicare Advantage plan is an alternative to Original Medicare (plus Medigap and Part D). There are a few major differences between these options that you'll want to keep in mind:

1. Original Medicare is a national program that lets you see any doctor who accepts Medicare patients, whereas Medicare Advantage plans will have a specific list of in-network doctors.
2. Medicare Advantage networks may be limited to a designated geographical area.

This is something to think about if you plan to travel.

3. Medicare Advantage plans may offer coverage of services not covered by Original Medicare, such as hearing, dental and vision care. These "extras" are some of the most popular features of Medicare Advantage plans.

If you choose the option of a Medicare Advantage plan, you'll then shop among providers to find a plan that is suitable for you.

The following questions should help you get the specific answers you need to make a choice:



## Providers, hospitals and other facilities

- Will I be able to remain with my current doctors? Are they in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers aren't in-network, will the plan still cover my visits?
- Which specialists, hospitals, home health agencies and skilled nursing facilities are in the plan's network?



## Access to health care

- What is the geographic service area for the plan?
- Do I have any coverage for care received outside the service area?
- Who can I choose as my Primary Care Provider (PCP)?
- Does my doctor need to get approval from the plan to order tests or admit me to a hospital?
- Do I need a referral from my PCP to see a specialist?



## Benefits

- Does the plan cover any services that Original Medicare does not (dental services, vision care, hearing aids or other benefits such as transportation to doctor's appointments)?
- Are there any rules or restrictions I should be aware of when accessing these benefits?



## Costs

- What costs should I expect for my coverage?  
(Premiums, deductibles, co-insurance and co-payments)
- What is the annual maximum out-of-pocket (MOOP) cost?
- How much will I have to pay out of pocket before coverage starts?  
(What is the deductible?)
- How much is my co-payment for services I regularly receive, such as PCP or specialist care?
- How much will I pay if I visit an out-of-network provider or facility?
- Are there higher co-pays for certain types of health care, such as hospital stays or home health care? Can I afford the co-pays if I need the care over a long time period?



## Prescription drugs

- Does the plan cover outpatient prescription drugs?
- Are my prescriptions on the plan's formulary?
- Does the plan impose any coverage restrictions?
- Are there separate premiums or deductibles for my drug coverage?
- How much will I have to pay for brand-name drugs? How much for generic drugs?
- Are there any gaps in coverage? What are the costs associated with that?
- Will I be able to use my current pharmacy? Can I get my drugs through mail order?
- Will the plan cover my prescriptions when I travel?



## Coordination of benefits — Discuss with your employee benefits manager

- How will my enrollment in a Medicare Advantage plan affect my current employer-provided (or retiree) coverage?

## Other sources of information

Medicare.gov  
shiptacenter.org  
cms.gov  
hhs.gov/answers/medicare-and-Medicaid  
ncoa.org



Review and carefully consider all your options with a Medicare broker. After making your decision, ensure that the expected costs are included in your retirement income plan by informing your financial professional.



The information in this document is sourced from medicare.gov, cms.gov, hhs.gov and some state-level sources.

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