



**KEY RETIREMENT**  
— SOLUTIONS —

*Unlocking your insurance  
and retirement potential*



# Your Presenters



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**KEY RETIREMENT**  
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# KEY RETIREMENT SOLUTIONS

- ❑ Nationwide



- ❑ Local Presence – 1500-2000 Offices Across Nation
- ❑ 200+ carriers to service clients with the most reasonable and reliable coverage available in the industry



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# FOUR FOUNDATIONAL PILLARS OF RETIREMENT

## Health Expense

Medicare

Short-Term Care

Hospital  
Indemnity

Home Health  
Care

Critical Illness

Dental/Vision

## Long-Term Care

Social Security  
Maximization

LTC Policy  
Review

Risk Assessment  
Review

Portfolio Review

## Life Insurance

Final Expense

Term Life  
Protection

IUL Reviews

Retirement  
Income

## Retirement Experts

FIA / Fiduciaries

Portfolio  
Management

Fixed/Growth/Safe  
Products with  
Lifetime Income  
Options

**MEDICARE**



**HEALTH INSURANCE**

**1-800-MEDICARE (1-800-633-4227)**

NAME OF BENEFICIARY

**JOHN DOE**

MEDICARE CLAIM NUMBER

**000-00-0000-A**

SEX

**MALE**

IS ENTITLED TO

EFFECTIVE DATE

**HOSPITAL (PART A) 01-01-2007**

**MEDICAL (PART B) 01-01-2007**

SIGN  
HERE



\_\_\_\_\_



# **ORIGINAL MEDICARE PART A**

## **DEDUCTIBLE - \$1,736 UP TO 5X PER YEAR**

### **Hospital**

Days 1-60: \$1736 Ded.

Days 61-90: \$434/day

Days 91-150: \$868/day

(Reserve Days, One time)

Days 151+ : No Coverage

### **Skilled Nursing**

Days 1-20: \$0

Days 21-100:  
\$217.00/day

Days 101+ No Coverage

**\*\*Requirements apply**

### **Hospice**

\$0

**\*\*Must be diagnosed  
as terminal**

**\*\*Coverage of room and board ONLY\*\***



**“MEDICARE COVERS MEDICALLY NECESSARY SERVICES. IT DOES NOT COVER “WEAR AND TEAR”.**



**KEY RETIREMENT**  
SOLUTIONS  
HELPING YOU ENJOY AN AFFORDABLE FUTURE

# MEDICARE DOES NOT COVER

**TEETH**

**EYES**

**EARS**

**FEET**

**ASSISTED LIVING CARE\***

**\*#1 reason retiree's file for bankruptcy**



**Outpatient  
Services**



**All Doctors  
Services**



**Durable Medical  
Rehab and Equipment**

# **ORIGINAL MEDICARE PART B**

**DEDUCTIBLE: \$288/ANNUAL**

**PREMIUM: \$202.90/MONTHLY**

**IRMAA RATES MAY APPLY**  
(MEDICARE INCOME-RELATED MONTHLY ADJUSTMENT AMOUNT)

**80% Medicare –20% Patient Responsibility**

# Medicare Part B & IRMAA TOTAL Monthly Premiums

LEGEND: 2026 changes in orange

	2025 INCOME TIERS <sup>1</sup> & PREMIUMS			2026 INCOME TIERS <sup>1</sup> & PREMIUMS		
Tier	File Ind. Tax Return	File Joint Tax Return	Prem. in 2025	File Ind. Tax Return	File Joint Tax Return	Prem. in 2026
1	<=\$106k	<=\$212k	\$185.00	<=\$109k	<=\$218k	\$202.90
2	\$106,001-\$133,000	\$212,001-\$266,000	\$272.70	\$109,001-\$137,000	\$218,001-\$274,000	\$298.60
3	\$133,001-\$167,000	\$266,001-\$334,000	\$405.30	\$137,001-\$171,000	\$274,001-\$342,000	\$443.30
4	\$167,001-\$200,000	\$334,001-\$400,000	\$537.90	\$171,001-\$205,000	\$342,001-\$410,000	\$587.90
5	\$200,001-\$500,000	\$400,001-\$750,000	\$670.50	\$205,001-\$500,000	\$410,001-\$750,000	\$732.50
6	>\$500,000	>\$750,000	\$714.70	>\$500,000	>\$750,000	\$780.90



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# Medicare 2026 Part D Premiums by Income

If your filing status and yearly income in 2024 was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	(In 2026) Each Month You Pay
\$109k or less	\$218k or less	\$109k or less	<b>Your Plan Premium</b>
Above \$109k up to \$137k	Above \$218k up to \$274k	N/A	<b>\$14.50 + your plan premium</b>
Above \$137k up to \$171k	Above \$274k up to \$342k	N/A	<b>\$37.50 + your plan premium</b>
Above \$171k up to \$205k	Above \$342k up to \$410k	N/A	<b>\$60.40 + your plan premium</b>
Above \$205k & less than \$500k	Above \$410k & less than \$750k	Above \$109k & less than \$391k	<b>\$83.30 + your plan premium</b>
\$500k or above	\$750k or above	\$391k or above	<b>\$91.00 + your plan premium</b>



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# MEDICARE SUPPLEMENTS (MEDIGAP)

## 2026 Standardized Medicare Supplement Plan Chart

Benefits	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% copays apply ***
Blood (first three pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B deductible			100%		100%					
Medicare Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-pocket limit (2023) **	n/a	n/a	n/a	n/a	n/a	n/a	\$7,220	\$3,610	n/a	n/a

Plans C and F will NOT be options for Medicare beneficiaries who turn 65 on or after January 1, 2020.

\* Plans F and G also offer a high-deductible. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,950 in 2026 before your policy pays anything.

\*\* For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

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

# PART C MEDICARE ADVANTAGE PLANS



- Low to NO COST Monthly Premiums
- HMO/HMO-POS/PPO Networks
- Pay as you go, Copays, % Cost Share
- Prior Authorization, Skilled Nursing Criteria
- Plans are 1-year contracts - Change Yearly
- Plans offered based on County/Zip Code/Health
- Primary Care Physicians \$0 copay
- Annual 'Maximum Out of Pocket' In-Network/Out of Network

# MEDICARE ADVANTAGE PLANS \*PART C\*



- Flex Cards/Healthy Spending Card
- Prescription Coverage Included (Part D)
- Dental, Vision, & Hearing
- OTC Benefits
- Limited Transportation (Doctors/Hospitals)
- Gym memberships
- Medicaid + Advantage Plans = More Benefits, No Extra Cost



# PART D PRESCRIPTION DRUG PLANS (PDP)

Part D Plans all have:

- Monthly Premiums (\$0-\$160)
- Deductible \$615 (2026)
- Copayments at Pharmacies
- Preferred Pharmacies
- Different Formularies

## Drug formulary tier structure

Insurers organize medications in different tiers with the beneficiary's costs higher in higher tiers

<b>Tier 1</b>	Preferred generic drugs
<b>Tier 2</b>	Non-preferred generic drugs
<b>Tier 3</b>	Preferred branded and generic drugs
<b>Tier 4</b>	Non-preferred branded and generic drugs
<b>Tier 5</b>	Specialty drugs

**Don't Worry – Be Happy – We Help You Figure It Out!**



# Signing Up for Medicare Through Social Security

You can apply for Medicare Part A and Part B through Social Security



OR



OR



## Apply Online

Visit [SSA.gov](https://www.ssa.gov) to fill out an online application for Medicare Part A and Part B

## Apply Over the Phone

You can call Social Security at 1-800-772-1213, Monday through Friday, 7:00 AM – 7:00 PM

## Apply In Person

Contact your local Social Security office to make an appointment to sign up in person

# HELPFUL LINKS

<https://krs.insure/>

<https://cms.illinois.gov/benefits/trail.html>

<https://www.ssa.gov/>

<https://www.medicare.gov/>

<https://www.medicare.gov/plan-compare/#/pharmaceutical-assistance-program?year=2026&lang=en>

# Thank You!

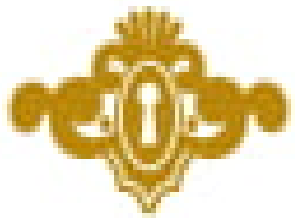
## Time for Q&A!



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