Medicare enrollment considerations



The initial enrollment period for Medicare Parts A, B, C and D begins three months before you turn 65, includes the month you turn 65 and ends three months after the month you turn 65. Should you fail to enroll during the initial enrollment period, you can still apply for benefits. However, if you don't sign up for Part B when you are first eligible, you may pay a higher monthly premium.

General and special enrollment

If you miss the initial enrollment period, change your mind about the Medicare coverage you wish to receive or your other health insurance circumstances change, there are general and special enrollment periods. However, some penalties may apply.

Late enrollment windows and penalties (if any)

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Part A		general en r. 31 with n					Coverage begins					
Part B	Annual general enrollment Jan. 1-Mar. 31 with 10% penalty for each 12-month period you were eligible for, but did not enroll in, Medicare Part B — unless covered by a current employer's health care plan (either your employer or your spouse's)*						Coverage begins					
Part C											Anr coordi electior Oct. 15 with no	inated period -Dec. 7
Part D											Annual co electior Oct. 15 with pend long as y cove	n period -Dec. 7 ulty for as you have

^{*} If you qualify, you may delay enrolling in Medicare Part B without waiting for the next general enrollment period and paying the 10 percent premium surcharge per year of late enrollment. You can take advantage of this special enrollment period any time while you are covered under the current employer's group health plan or within an eight-month period that begins with the month your group health coverage or employment ends, whichever comes first.

Annual Medicare plan shopping recommendations

- Re-evaluating coverage annually can make the difference of hundreds of dollars in out-of-pocket costs.
- The enrollment season for Medicare prescription drug (Part D) and Medicare Advantage managed care plans (Part C) is October 15 through December 7.
- Go to www.medicare.gov and use the Medicare Plan Finder tool to view possible plans, their estimated cost, premiums, deductibles, drug coverage and customer satisfaction ratings.
- Free personalized help is available from State Health Insurance Assistance Program (SHIP), a network of non-profit Medicare counseling services as well as The Medicare Rights Center (800) 333-4114.

Key decisions to make during enrollment

Path 1		Medicare Parts A and B, with options to add Part D and private Medigap coverage					
Pa	rt A	Limited-duration stays in the hospital, hospice, nursing facilities and home care					
Part B		Supplemental preventive care for doctor's visits and outpatient services					
Part D		Prescription drug benefit administered by private insurance companies					
+ Medigap		Supplemental insurance designed to fill some of the gaps of Parts A,B and D					
7 • Doi		n't mind higher premiums					
ij	• See	ek freedom to select doctors and clinics					
Best fit if you	• Pre	efer low out-of-pocket costs					
Bes	• Are	nanaging a chronic condition					
69%		of enrollees choose Medigap or traditional Medicare most with some supplemental coverage. ¹					

Path 2		Medicare Advantage Plan					
Part C		Medicare Advantage plans (also called Part C) behave more like employer-sponsored health insurance, combining coverage for hospital stays and preventive and outpatient care in a single plan administered by an insurance company					
Part D		Most plans include optional prescription drug coverage					
+ Options		Some plans add services for vision, hearing and others					
Best fit if you	 Prefer a structure like an employer-sponsored plan Are flexible in selecting providers Seek cost-efficiency with catastrophic coverage Don't mind copays, deductibles and managing costs 						
31%		of enrollees choose a Medicare Advantage Plan. This number is growing.¹					

This material is based on data obtained from sources we consider to be reliable; however, it is not guaranteed to accuracy and does not purport to be complete.

This information is not intended to be used as the primary basis of investment decisions. Because of individual client requirements, it should not be construed as advice designed to meet the particular investment needs of any investor.

RBC Wealth Management does not provide tax or legal advice. All decisions regarding the tax or legal implications of your investments should be made in connection with your independent tax or legal advisor.

¹ Medicare Advantage 2016 Spotlight: Enrollment Market Update, Henry J. Kaiser Family Foundation, 2016.