

ABC

INSURANCE

PLAN F*

*Plan F only available for enrollees that were Medicare eligible prior to 1-1-2021

MEDICARE

2021 RETIREMENT HEALTHCARE COST ESTIMATOR

Are you ready for Retirement?

We've created this worksheet for you to use as a guide to estimate your health care costs in retirement. Though we've included the path that is ideal for many people, we know that everyone's situation is unique. Be sure to consult a licensed health insurance agent before purchasing any supplemental coverage.

Let's get started!



MEDICARE PART A

HAVE YOU WORKED AT LEAST 10 YEARS OR 40 QUARTERS?

YES
Congratulations, Part A is Free!

NO	
Worked between 30 and 39 quarters:	Worked fewer than 30 quarters:
You will pay the reduced premium of \$259.00/mo	You will pay the full premium of \$471.00/mo

WRITE YOUR MONTHLY PART A PREMIUM HERE:



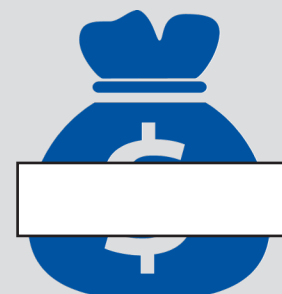
MEDICARE PART B

LET'S SIGN UP FOR MEDICARE PART B!

It's usually the right choice once you are not working full-time. Use this chart to see how much you'll owe for Part B. Circle the amount that best describes your anticipated annual tax filing status and income in retirement, then follow the chart across to see what your monthly Part B Premium will be in 2021. Write that number in the box to the right.

Yearly Income in 2019 File Individual Return	File Joint Return	File Married & Separate Tax Return	Monthly Premium in 2021
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$148.50
\$88,001 - \$111,000	\$176,001 - \$222,000	Not Applicable	\$207.90
\$111,001 - \$138,000	\$222,001 - \$276,000	Not Applicable	\$297.00
\$138,001 - \$165,000	\$276,001 - \$330,000	Not Applicable	\$386.10
\$165,001 - \$500,000	\$330,001 - \$750,000	\$88,001 - \$412,000	\$475.20
Above \$500,000	Above \$750,000	Above \$412,000	\$504.90

WRITE YOUR MONTHLY PART B PREMIUM HERE:



MEDICARE SUPPLEMENT, PLAN F

It's time for a plan - Plan F!

For the purposes of this illustration, we recommend that you purchase Medicare Supplement, Plan F. You have other options, but for many, this is the right choice. As an example, below are **average** rates in South Dakota for a Medicare Supplement Plan F. These types of plans are available from many carriers. Circle the option that best describes your situation and write that number in the box to the right.

WRITE YOUR MONTHLY MED SUPP PREMIUM HERE:



AGE	65	66	67	68	69
Male	\$171	\$171	\$184	\$198	\$198
Female	\$152	\$152	\$163	\$175	\$175

MEDICARE PART D DRUG PLAN

NOW IT'S TIME TO THINK ABOUT PRESCRIPTIONS.

In most cases, you'll want to purchase a Medicare Prescription Drug Plan. For 2021, the **average** cost of a standard Part D plan is \$30. Depending on your income and filing status, you may have to pay an additional amount beyond the Medicare Prescription Drug Plan. Circle the amount that best describes your anticipated annual tax filing status and income in retirement. Then, follow the chart across to see if you have to pay an additional amount. Add that amount to your premium. Write that number in the box.

Yearly Income in 2019 File Individual Return	File Joint Return	File Married & Separate Tax Return	Monthly Premium in 2021
\$88,000 or less	\$176,000 or less	\$88,000 or less	Your Plan Premium
\$88,001 - \$111,000	\$176,001 - \$222,000	Not Applicable	Your Plan Premium PLUS \$12.30
\$111,001 - \$138,000	\$222,001 - \$276,000	Not Applicable	Your Plan Premium PLUS \$31.80
\$138,001 - \$165,000	\$276,001 - \$330,000	Not Applicable	Your Plan Premium PLUS \$51.20
\$165,001 - \$500,000	\$330,001 - \$750,000	\$88,001 - \$412,000	Your Plan Premium PLUS \$70.70
Above \$500,000	Above \$750,000	Above \$412,000	Your Plan Premium PLUS \$77.10

WRITE YOUR
MONTHLY PART D
PREMIUM HERE:



Additional Drug Frequency

LET'S ESTIMATE YOUR ADDITIONAL OUT-OF-POCKET COSTS FOR PRESCRIPTION DRUGS

Even though you've purchased Part D coverage, it is likely you will still have out-of-pocket costs. Those costs vary based on how many prescriptions you use. Choose which of the three scenarios most closely resembles your situation and add that dollar amount to the box.



I don't take
any prescriptions.
Add \$0 to total.

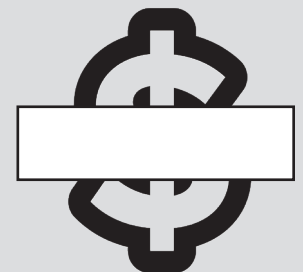


I take fewer than six
prescriptions per month and
use generics when possible.
Add \$50 to total.



I take more than six
prescriptions per month and
use generics or brand name.
Add \$300 to total.

Add your
monthly prescription
drug cost here:



IMPORTANT NOTICE: The prescription drug costs listed above are just an estimate. For specific drug costs, please go to www.medicare.gov and select "Find health & drug plans".

Time to Estimate Your Costs

Add up all of your boxes along the right side of this worksheet and write that number in the left box below. Then, take that final number and multiply it by 12.

Sum of all of the boxes

x 12 months =

\$

Estimated annual health
care costs in retirement

You're done! This final amount is an estimate of how much you should budget for your first year of medical expenses during retirement.

Disclaimer: We understand that every individual scenario is unique and that some of the choices in the worksheet may not be the best path for every individual. Throughout this worksheet, we've used our expert opinion to select the options we think are best for the majority of people.

SAMPLE

ABC INSURANCE

Sample Agent | 123 Any Street | Anytown, AB | 12345 | 123.456.7890

Utilizing a Medicare Supplement Plan F with Medicare Part A & Part B

Medicare (Part A) Medical Services Per Benefit Period

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
61st through 90th day	All but \$371 a day	\$371 a day	\$0
91st through 150th day	All but \$742 a day	\$742 a day	\$0
151st day & more	\$0	100% of Medicare eligible expenses	\$0 ²
-Beyond the additional 365 days	\$0	\$0	All Costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	all but \$185.50 a day	Up to \$185.50 a day	\$0
101st day and after	\$0	\$0	All Costs

¹A benefit period begins on the first day you receive service as an inpatient in a hospital 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.

²**NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount of Medicare would have paid.

Medicare (Part B) Medical Services Per Calendar year

Services	Medicare Pays	Plan F Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy diagnostic tests, durable medical equipment			
First \$203 of Medicare approved amounts ³	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100% ⁴	\$0
Blood			
First 3 pints	\$0	All Costs	\$0
First \$203 of Medicare approved amounts ³	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

³Once you have been billed \$203 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴On all Medicare-covered expenses, a doctor or health care provider may agree to accept Medicare "assignment." This means the patient will not be required to pay any expenses in excess of Medicare's "approved" charge. The patient pays only 20% of the "approved" charge not paid by Medicare.

Physicians who do not accept "assignment" of a Medicare claim are limited as to the amount they can charge for covered services. In 2021, the most a physician can charge for services covered by Medicare is 115% of the fee schedule amount for non-participating physicians.

Medicare Part B Premium for 2021 enrollees is \$148.50 each month.

2021 MEDICARE PLAN BENEFITS

Standard Medicare Supplement Plans

A	B	C	D	F	G	G ^{HD}
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

Plan G also has an option called a high deductible Plan G. This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,370 deductible. Benefits from high deductible plan G will not begin until out-of-pocket expenses exceed \$2,370. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.