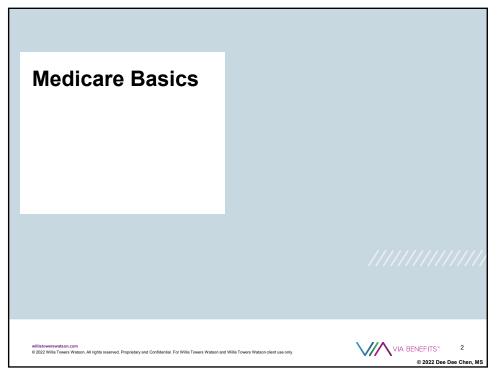
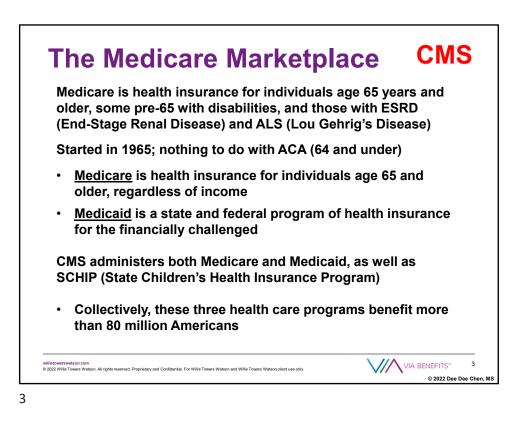
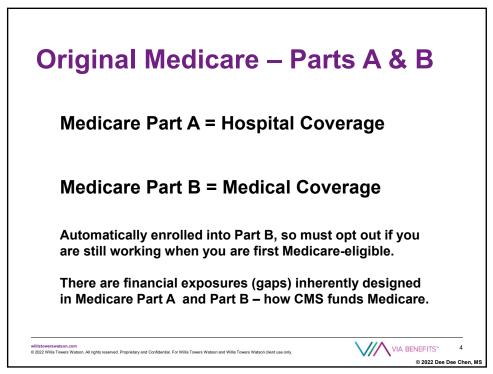
Retirement Nuts and Bolts **"Medicare Basics"**

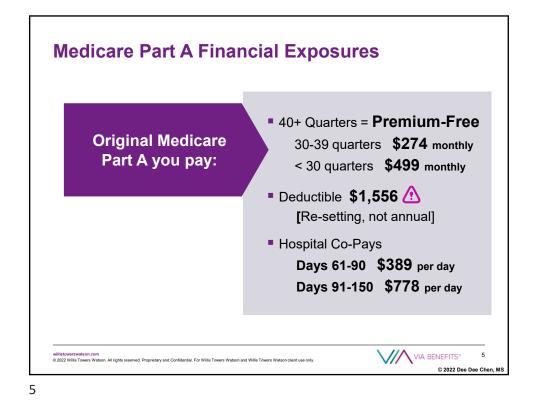
presentation by Dee Dee Chen

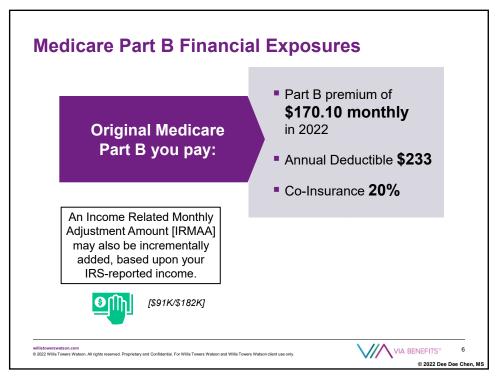








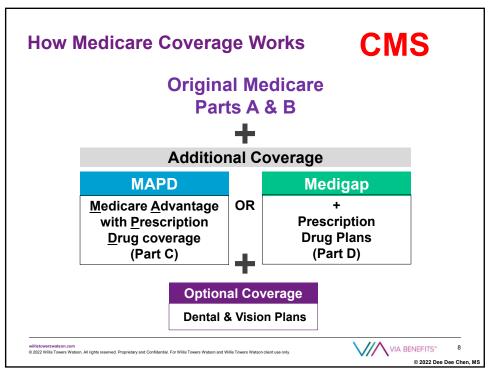


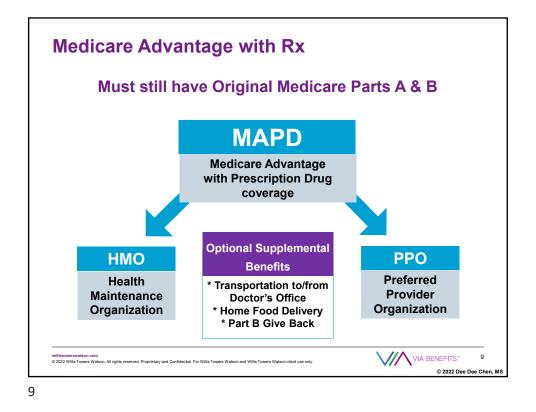


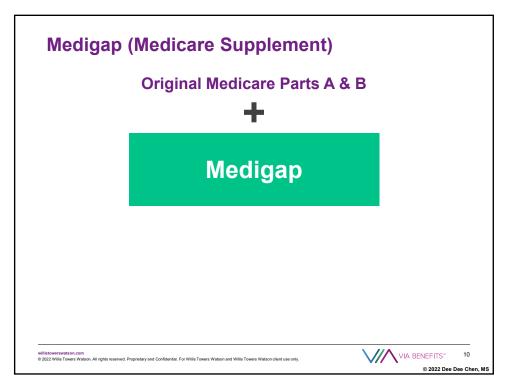
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Your premiu	n will change based on ir	ncome as follows:		
Your annual income	Your monthly premium			
Individuals	Couples	in 2022		
Equal to or below \$91,000	Equal to or below \$182,000	\$170.10		
\$91,001 -\$114,000	\$182,001 - \$228,000	\$238.10		
\$114,001 – \$142,000	\$228,001 - \$284,000	\$340.20		
\$142,001 – \$170,000	\$284,001 - \$340,000	\$442.30		
\$170,001 – \$499,999	\$340,001 – \$749,999	\$544.30		
\$500,000 and above	\$750,000 and above	\$578.30		

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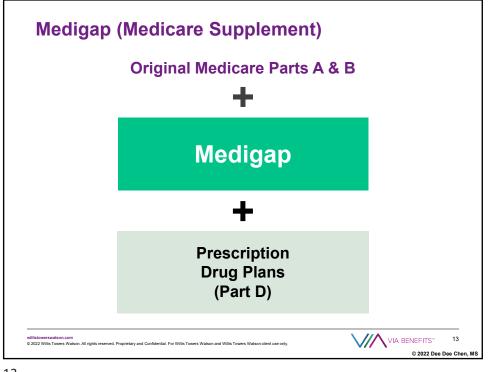




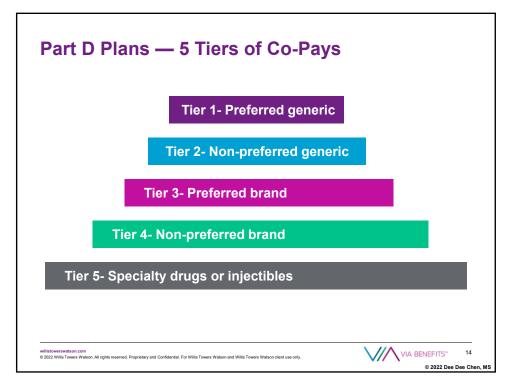
Medigap Benefits	Medigap Plans				
	Core Plan	Supplement 1	Supplement 1A		
Basic benefits	Yes	Yes	Yes		
Part A: inpatient hospital deductible	No	Yes	Yes		
Part A: skilled nursing facility coinsurance	No	Yes	Yes		
Part B: deductible*	No	Yes*	No		
Foreign travel emergency	No	Yes	Yes		
Inpatient days in mental health hospitals	60 days per calendar year	120 days per benefit year	120 days per benefit year		
State-mandated benefits (yearly Pap tests and mammograms. Check your plan for other state- mandated benefits.)	No	Yes	Yes		

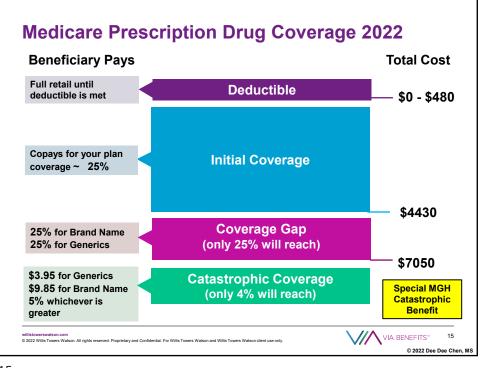


Single-Lettered P Several states have special GI	rules, in	cluding (CT, NY; N	ИА, MĒ;		IL, ID, NV	'; WA, M	0	Elig Before	care- ible e 2020 ILY
Benefits	Α	В	D	G	Κ	L	М	Ν	С	F
Medicare Part A coinsurance and hospital costs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	50%	75%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%	100%	100%
Part B deductible									100%	100%
Part B excess charges*				100%						100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
	xcess Charges States -			Out-of-Pocket limit in 2022						
			PA, RI, V	/Т	\$6,620	\$3,310				



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