

Medicare enrollment considerations



Wealth Management

The initial enrollment period for Medicare Parts A, B, C and D begins three months before you turn age 65, includes the month you turn age 65 and ends three months after the month you turn age 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	Annual general enrollment Jan. 1-Mar. 31 with no penalty						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											Annual coordinated election period Oct. 15–Dec. 7 with no penalty	
Part D											Annual coordinated election period Oct. 15–Dec. 7 with penalty for as long as you have coverage	

*If you qualify, you may delay enrolling in Medicare Part B without waiting for the next general enrollment period and paying the 10% 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.

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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 nonprofit 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
Part 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	
Best fit if you	<ul style="list-style-type: none"> • Don't mind higher premiums • Seek freedom to select doctors and clinics • Prefer low out-of-pocket costs • Are managing a chronic condition 	
64%	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	<ul style="list-style-type: none"> • 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 	
36%	of enrollees choose a Medicare Advantage Plan. This number is growing. ¹	

¹Medicare Advantage 2021 Spotlight: Enrollment Market Update, Henry J. Kaiser Family Foundation, 2020.

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.

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