NEXT MOUNTAIN
ADVISORS

COMPLETE MEDICARE
RESEARCH REPORT

Next Mountain Advisors

Independent Research • Medicare.gov Companion Complete™

Complete Medicare Research Report

Medicare.gov Companion Complete™

Next Mountain Advisors — Independent Research

Research Code: TX01-EXAMPLE

Report Date: July 6, 2026

Household: Travis County, Texas (ZIP 78731 — Northwest Austin)

Example Type: **EXAMPLE REPORT** — Travis County couple demo;

Medicare.gov Data: June 2026 Plan Compare exports (on file)

MedSupp Quotes: Medicare.gov Medigap tool 2026-07-02 — male/female age 65,

Research report for educational purposes only. Not enrollment.

Next Mountain Advisors — Independent Research (Research report for educational purposes only. Not enrollment.)

Example type: **EXAMPLE REPORT** — Travis County couple demo; physician names redacted (■■■■■■); plan IDs from June 2026 Medicare.gov Plan Compare exports (on file)

ZIP 78731, non-tobacco

Table of Contents

Click entries to jump. Medicare.gov: medicare.gov/plan-compare

UNIVERSAL PREMIUM (every Medicare beneficiary)
Part B — hospital/outpatient insurance from the federal government — costs **$202.90/month** in 2026 at the standard tier unless **IRMAA** (income-related monthly adjustment — Section 18) applies. Plan-comparison tables in this report show **plan-specific premiums only** — not Part B.

PART I — SHARED AUSTIN & HOUSEHOLD CONTEXT

SECTION 1 — EXECUTIVE SUMMARY

HUSBAND — FREEDOM STACK (TURNING 65, CHF, POSSIBLE EP ABLATION)

• Enroll **Original Medicare Part A + Part B** during **IEP** (7-month window around Part B start).
• Add **Medigap Plan G** — illustrative lead: **Mutual of Omaha Plan G ~$148/month** (lowest **Plan G** on Medicare.gov Medigap tool for ZIP **78731**, male 65, non-tobacco, July 2026 quote) — **benefits identical carrier to carrier**; shop lowest **G** letter, not brand loyalty.

• **Plan N not recommended** for CHF — cardiac rehab / PT visit load and **Part B excess charges** (Section 14).

• Add **standalone PDP** — illustrative: **Humana Walmart Value Rx (S5904-186-0) ~$47/month**; **4/4 drugs** on husband's export; **Eliquis** drives cost — Section 6 payment plan.

• **Fixed plan premiums: about $195/month** (Plan G + PDP) before Part B — Section 15.
• **Do not** enroll him in Medicare Advantage as primary path if **Mayo Clinic Florida EP** and **nationwide cardiologist choice** remain serious options.

• Before any ablation trip: confirm **Mayo Clinic Florida** campus and **specific EP practice** accept **Original Medicare assignment** for the planned service — NMA documents the question; you confirm before scheduling.

WIFE — SPLIT DECISION (TURNING 65, SCC HISTORY, MD ANDERSON PATH)

• **Not** a “pick the $0 HMO” default — **cancer history + Houston contingency** makes **network geometry** as important as drug copays.

• **Lead MAPD path (if she chooses Advantage): PPO with verified MD Anderson participation** — illustrative shortlist **UnitedHealthcare Complete Care Support TX-3P (PPO)** or **Aetna Medicare Premier Plus (PPO)** — **VERIFY-PENDING:** call Anderson and plan carrier *before enroll* (Section 9, 19).

• **Lead freedom-stack path (if Houston / trial access is non-negotiable): Plan G ~$142/month** (female 65 quote) + **PDP ~$38/month** (wife’s four-drug export) — trades **~$180/mo** plan premiums for **no MAPD MOOP fight** and **Medicare-wide provider access** subject to assignment.

• **Separate Medicare.gov session** — **her four drugs only** (Section 4.1).
• If MAPD: require **all four drugs + all providers in network** on every printed plan — same NMA rule as Run Card. **Reject household-wide:** MA-only without Part D; any plan **below 4/4 drugs** for the spouse whose list applies; combining spouses’ drugs in one MAPD compare session.

Why this matters in one paragraph

Central Texas markets **look** easy because premiums are low. The fight here is **where you are allowed to be sick** — Austin community hospitals for everyday care, **Houston** if oncology escalates, **Florida** if husband's rhythm care outgrows local EP labs. MAPD **MOOP** caps in-network cost sharing but **does not** grant access to MD Anderson or Mayo on your terms unless those systems are **in contract** (or you pay out-of-network PPO prices that can still be brutal).

How this report is organized

Part I — Austin / Travis backdrop, terms, dual drug lists, two-path framework. **Part II** — **Wife only** — SCC context, MAPD PPO vs freedom stack, MD Anderson lens, copays. **Part III** — **Husband only** — CHF, Plan G vs N, PDP, Mayo Clinic Florida EP access, cost worksheet. **Part IV** — Couple IEP calendar, IRMAA, network verification SOP, unified action list.

SECTION 2 — THIS HOUSEHOLD (INTAKE)

ZIP **78731**, Travis County (Northwest Austin).

	Husband	Wife
Age	**Turning 65** (same calendar year as wife)	**Turning 65**
Medicare status	**Initial Enrollment Period**	**Initial Enrollment Period**
Health focus	**Congestive heart failure**; prior admissions; considering **EP ablation**	**Cutaneous squamous cell carcinoma** (treated); surveillance; **fears progression**

	Husband	Wife
Rx on file (Medicare.gov)	Carvedilol, Eliquis, Furosemide, Spironolactone — **4/4**	Levothyroxine, Vitamin D3, Acitretin, Omeprazole — **4/4**
“If things go wrong” hospital	**Mayo Clinic Florida** (electrophysiology / ablation)	**MD Anderson Cancer Center — Houston, TX**
Local anchor hospitals	**Dell Seton Medical Center (UT Austin)**; **St. David’s Medical Center**	Same + **Texas Oncology** / dermatology network locally
Primary research subject	**Medigap + PDP**; national specialty access	**PPO MAPD vs freedom stack** for oncology contingency

Household income: ~**$195,000/year** — comfortable for dual Medigap; **IRMAA** likely on Part B for both once enrolled (Section 18).

Creditable drug coverage elsewhere: None (no VA, TRICARE, or employer retiree wrap).

Providers named on intake (verify before enroll):

Role	Name in this example	Verify for
PCP (both)	**Dr. ■■■■■■** — Austin	Both paths
Cardiologist / EP (husband)	**Dr. ■■■■■■** — Austin; future **Mayo Clinic Florida** consult	Husband MAPD (if any) vs OM
Dermatology / oncology (wife)	**Dr. ■■■■■■** — Austin	Wife MAPD networks

Role	Name in this example	Verify for
Local hospital	**Dell Seton Medical Center**	MAPD inpatient
Contingency — husband	**Mayo Clinic Florida**	**Medicare assignment** — not “in network” on most Austin MAPD
Contingency — wife	**MD Anderson — Houston**	**PPO contract / freedom stack**

SECTION 2A — TRAVIS COUNTY & CENTRAL TEXAS MEDICAL BACKDROP

Austin is a **major metro** with **competing hospital systems** and a **dense MAPD market** — but “dense” does not mean **interchangeable** when the question is **MD Anderson** or **Mayo Florida**.

2A.1 Population & access reality

Travis County is **urban-suburban**; ZIP **78731** sits in the **Northwest Austin** corridor with reasonable access to **Dell Seton**, **Ascension Seton** affiliates, **St. David's HealthCare**, and **Baylor Scott & White** facilities in the greater metro. Routine Medicare care is **not** the problem.

The problem is **regional quaternary care**:

Destination	Drive from ZIP 78731	Role in this household
MD Anderson — Houston	~**165 miles** (~2.5–3 hr)	Wife — **medical oncology** if SCC progresses
Mayo Clinic Florida	~**1,000+ miles** (fly)	Husband — **EP ablation** center of excellence

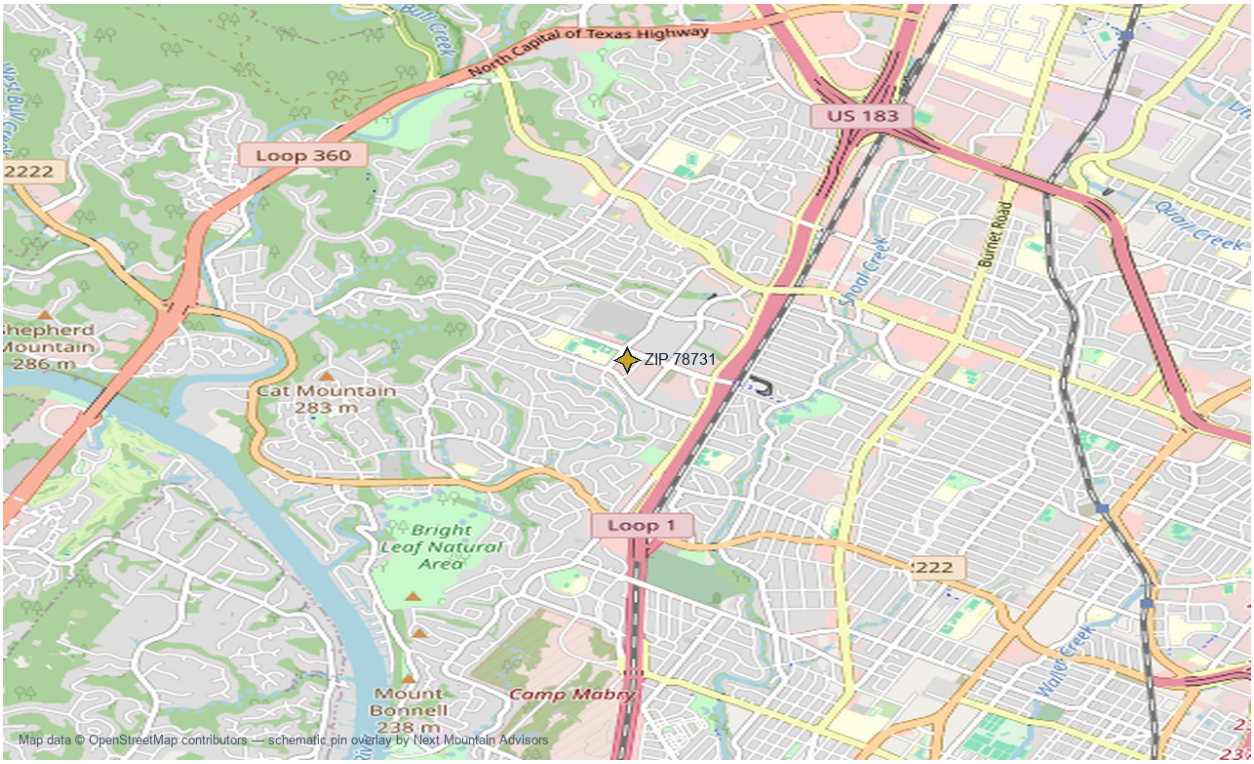
Destination	Drive from ZIP 78731	Role in this household
Dell Seton — Austin	**~8–12 miles**	Local admission / academic backup
St. David's — Austin	**~10–15 miles**	Community alternative

Medicare Advantage **emergency** coverage can apply when traveling — **elective ablation** or **planned oncology consults** at MD Anderson are **not emergencies**. That distinction is where cheap MAPD plans fail affluent couples with **already-named contingency hospitals**.

2A.2 Hospital systems (verify by plan ID)

System	Notes for MAPD shoppers
Dell Seton / UT Health Austin	Academic; verify **in-network per H-number**
St. David's HealthCare (HCA)	Large community footprint; not on every plan
Baylor Scott & White — Round Rock / Austin	Growing network; check **HMO vs PPO**
MD Anderson (Houston)	**Not in Austin** — must verify **PPO** or use **freedom stack**
Mayo Clinic Florida	**Out of state** — treat as **OM assignment** question for husband

Austin hospitals — verify in-network per plan ID before enrolling



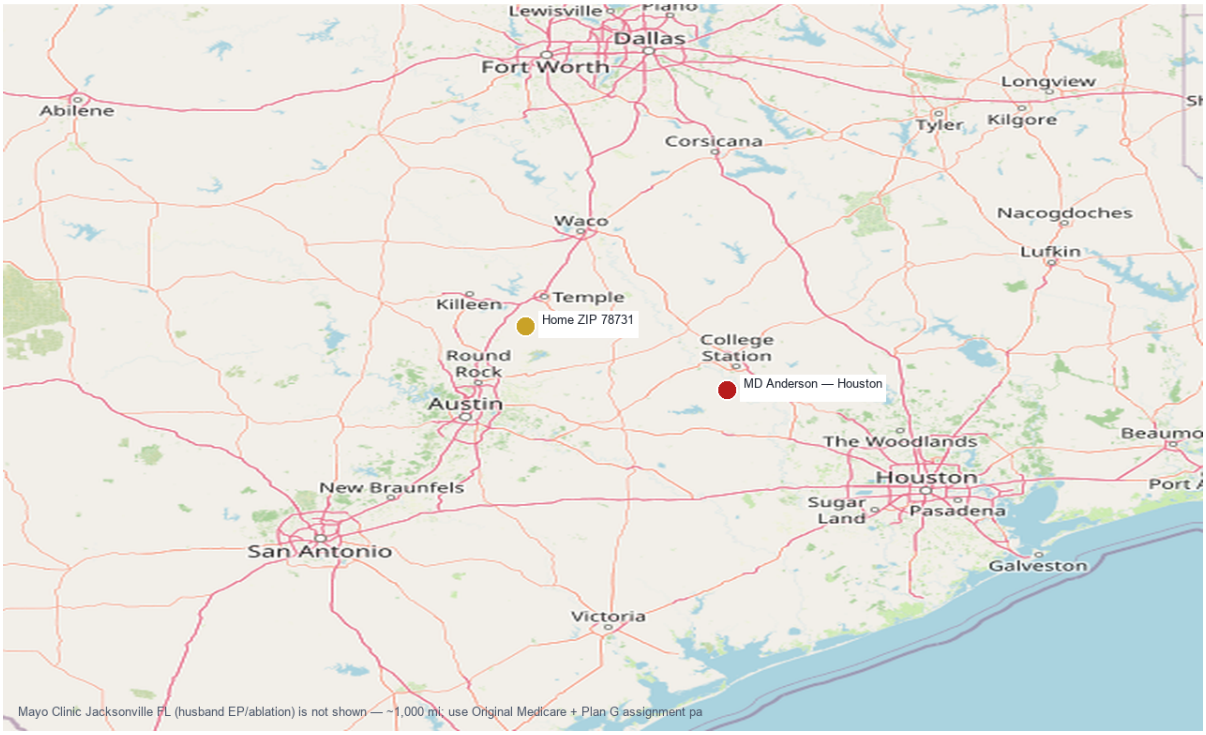
Freedom stack shoppers ask: **“Do you accept Medicare assignment for this service?”** MAPD shoppers ask: **“Is this facility and physician in-network for plan ID _____?”** — different questions, different wrong answers.

2A.3 Medicare Advantage market density (Travis County)

June 2026 landscape pattern: **40+ MAPD plans** in Travis — mix of **HMO, HMO-POS, PPO, C-SNP** for chronic conditions. **$0 premium** plans are abundant. **Star ratings** vary; **PPO availability** is better than rural Texas but **not universal**.

NMA harvest rule on file: Six Plan Detail PDFs from wife’s and husband’s qualifying plans (all **4/4 drugs**, all named doctors in network on printed pages) — minimum for Complete tier.

Regional contingency — Houston oncology & national specialty access



SECTION 2B — SPECIALTY LENS (DRUGS → DOCTORS → CONTINGENCY HOSPITALS)

2B.1 Husband — CHF drug pattern

Drug	Clinical lens	Access note
Eliquis	Anticoagulation in CHF / AF pattern	**Tier 3–4**; **PA** common; drives PDP cost
Carvedilol	Beta-blocker — heart failure	Usually generic tier
Furosemide	Diuretic — volume management	Generic

Drug	Clinical lens	Access note
Spironolactone	Aldosterone antagonist	Generic; monitor potassium

EP ablation is not on the drug list — it is a **procedure path**. Husband's question is whether future **electrophysiology** stays **local** or moves to **Mayo Clinic Florida**. MAPD plans that include **Austin EP** may still **exclude Florida Mayo** for elective procedures.

2B.2 Wife — SCC / dermatology drug pattern

Drug	Clinical lens	Access note
Acitretin	Systemic retinoid — **SCC / keratinocyte** context	**Specialty tier**; **PA** likely; **4/4 critical**
Levothyroxine	Thyroid — common comorbidity	Tier 1
Vitamin D3	Supplement Rx	Tier 1
Omeprazole	GI — common	Tier 1

Acitretin is the canary: a plan that covers **three of four** drugs is **disqualified**. If disease progresses beyond dermatology, **medical oncology** drugs may enter the list — **freedom stack** or **PPO with MD Anderson** preserves optionality.

2B.3 "Top of mind" centers (not endorsements — access context)

Center	Specialty	NMA framing
MD Anderson — Houston	Medical / surgical oncology	Wife contingency — **verify PPO network** or **OM**
Mayo Clinic Florida	EP / cardiology	Husband ablation — **OM assignment** research
Texas Oncology (Austin)	Community oncology	Likely first referral — verify MAPD

NMA does **not** recommend a physician. We document **whether Medicare payment paths** you are considering **can physically reach** the named centers.

SECTION 3 — TERMS (DEFINED ON FIRST USE)

Original Medicare (OM) — Federal **Part A** + **Part B**. Without Medigap, uncapped **20% Part B coinsurance** — NMA treats bare OM as **non-insurance** for most retirees.

Medigap Plan G — Covers standardized gaps after **Part B deductible ($257 in 2026)**. Covers **Part B excess charges**. **No per-visit copays** on covered Part B services after deductible.

Medigap Plan N — Lower premium; **up to $20** copay on qualifying **office/E&M visits**; **up to $50 ER** if not admitted; **no excess charge coverage**. **Not lead for CHF husband** (Section 14).

GI (Guaranteed Issue) — Buy Medigap **without health questions** during **IEP**. **Both spouses have IEP now.** With **CHF** and **cancer history**, **missing GI ≈ never getting Medigap**.

MAPD — Medicare Advantage with Part D — **network rules** + **MOOP**.

PPO (MAPD) — Can use **out-of-network** providers at **higher cost sharing** toward a **separate, higher out-of-network MOOP**. For **regional centers** (Houston, Florida), there is **no out-of-network directory** — **call the provider** with the script in Section 19.

HMO — **In-network only** (except emergency). **Poor fit** for wife's **MD Anderson contingency** unless carrier contracts with Anderson and intake confirms **medical oncology** (not just lab draw).

MOOP — Maximum out-of-pocket **medical** for MAPD. On **PPO** plans, **in-network MOOP** and **out-of-network MOOP** are **separate lines** on Plan Detail — OON MOOP is almost always **higher**. Copay tables in this report label **in-network** unless stated otherwise.

TrOOP — Part D true out-of-pocket threshold (**$2,100 in 2026**).

Prior authorization (PA) — Required before plan pays — expect on **Eliquis** and **Acitretin**.

SECTION 4 — DUAL MEDICARE.GOV SESSIONS (COUPLE RULE)

4.1 One drug list per spouse — never combined

Husband's MAPD/PDP harvest: **Carvedilol, Eliquis, Furosemide, Spironolactone**. Wife's session: **Levothyroxine, Vitamin D3, Acitretin, Omeprazole**.

Never run one Plan Compare with all eight drugs for “the household.” Medicare.gov will show plans that cover **neither** person’s real pattern optimally.

4.2 Husband — CHF utilization narrative

Three hospitalizations in two years (intake) — **MOOP vs unlimited medical billing** is the economic fight, not the **$0 MAPD premium** billboard.

4.3 Wife — SCC narrative

Currently **post-treatment surveillance** — MAPD can work **if** networks cover **dermatology + contingency oncology**. If intake priority is **“MD Anderson if it gets bad”**, **freedom stack** or **top-tier PPO** beats **cheap HMO**.

SECTION 5 — PRESCRIPTION DRUG ANALYSIS (OBJECTIVE CORE)

Pharmacy on exports: **HEB Pharmacy** (retail) + **mail order** column on Plan Detail PDFs.

5.1 Husband — MAPD shortlist (June 2026 Medicare.gov exports)

Plan ID	Marketing name	Premium	MOOP	Est. drug rest-2026 (HEB)	Drugs
H0028-045-0	Humana Gold Plus HMO	$0	$4,900	~$1,840	4/4
H4514-012-0	UHC Complete Care HMO C-SNP	$0	$3,900	~$1,620	4/4
H5525-088-0	Wellcare Assist HMO	$0	$5,400	~$2,100	4/4

NMA: Husband is **not** recommended MAPD — table shown for **MOOP vs Plan G** contrast (Section 16).

5.2 Husband — PDP (freedom stack)

Plan ID	Name	Premium	Est. drugs rest-2026	4/4
S5904-186-0	Humana Walmart Value Rx	$47	~$1,680	Yes

Second-lowest PDP on June 2026 export also ~$52/mo — use Plan Detail PDF on file for alternate plan ID.

Eliquis dominates — **Prescription Payment Plan** (Section 6) should be modeled.

5.3 Wife — MAPD shortlist (PPO-focused, June 2026 exports)

Plan ID	Type	Premium	MOOP	Est. drugs (HEB)	MD Anderson note
H4527-003-0	UHC Complete Care Support PPO	$0	$4,500	~$420	**VERIFY** oncology network
H3288-021-0	Aetna Medicare Premier Plus PPO	$24	$3,800	~$380	**VERIFY**
H8592-007-0	Humana Choice PPO	$0	$5,300	~$510	**VERIFY**

Acitretin tier varies — all above show **4/4** on June exports. **Re-run** if dose or brand changes.

5.4 Wife — freedom stack PDP

Plan ID	Premium	Est. drugs rest-2026
S5904-186-0	$38	~$290

5.5 Duplicate drug / QC

No duplicate-drug warning on exports. If Medicare.gov shows duplicates, **remove before print**.

5.6 Husband — monthly drug cost breakdown (Humana Walmart Value Rx S5904-186-0, HEB)

Annual estimated drug cost — rest of 2026 (husband's 4 drugs, in-network HEB)

Drug	Tier	Est. annual	Est. monthly (÷ 12)
Eliquis 5mg	3	~$1,240	**~$103**
Carvedilol 25mg	1	~$48	~$4
Furosemide 40mg	1	~$36	~$3
Spironolactone 25mg	1	~$36	~$3
Total (in-network HEB)		**~$1,360**	**~$113**

Critical: Use **in-network HEB** on Plan Detail — out-of-network retail destroys totals. **Eliquis** drives the line — **Prescription Payment Plan** (Section 6) to smooth cash flow.

Monthly line-item — HEB in-network (after deductible phase on export pattern)

Drug	Before ded./mo	After ded./mo
Eliquis 5mg	~$249	**~$47**
Carvedilol	~$4	**~$4**
Furosemide	~$3	**~$3**

Drug	Before ded./mo	After ded./mo
Spironolactone	~$3	**~$3**
Monthly total	~$259	**~$57**

Illustrative from June 2026 Plan Detail export pattern — re-confirm at enroll.

5.7 Wife — monthly drug cost breakdown (freedom-stack PDP, HEB)

Drug	Est. annual	Est. monthly
Acitretin 25mg	~$180	**~$15**
Levothyroxine	~$48	~$4
Vitamin D3	~$24	~$2
Omeprazole	~$36	~$3
Total (in-network HEB)	**~$288**	**~$24**

Acitretin is the specialty tier watch — all shortlisted MAPD plans show **4/4** on June exports.

SECTION 6 — PRESCRIPTION PAYMENT PLAN (HUSBAND TRIGGERS)

Husband PDP est. **~$1,680/year** — above **~$400/yr** NMA threshold.

CMS Prescription Payment Plan — spread deductible/copays into monthly installments via **Part D plan**. Call PDP carrier at enrollment.

Budget **Eliquis PA delay** (2–3 weeks) for first fill.

SECTION 7 — THE TWO PATHS (APPLIED TO THIS COUPLE)

[PATH1_HEADER] **Path 1 — Freedom stack (OM + Plan G + PDP)**

	Husband	Wife (if chosen)
Fit	**Strong** — CHF + Mayo Clinic Florida EP option	**Strong** — MD Anderson contingency
Plan premiums (illustrative)	G **$148** + PDP **$47** = **$195**	G **$142** + PDP **$38** = **$180**
Doctors / hospitals	Any **Medicare-assigned** provider USA	Same
Worst-case medical	**Plan G** after **$257** B ded	Same
Tradeoff	Higher monthly premium	Higher monthly premium

[PATH2_HEADER] **Path 2 — MAPD**

	Husband	Wife
Fit	**Weak** — national EP path	**Conditional** — only with **PPO + MD Anderson verify**
Premium (example)	$0 + copays	$0–$24 + copays
MOOP (in-network example)	$3,900–$5,400	$3,800–$5,300

	Husband	Wife
Tradeoff	Saves premium; **locks networks**	Saves premium; may **block Houston**

NMA leads: Husband → **Path 1 Plan G** during IEP. **Wife** → **Path 1 or top PPO MAPD** after Section 9 network test — **not** cheapest HMO.

PART II — WIFE — COMPLETE SECTION

SECTION 8 — WIFE: PROFILE & ELECTION STATUS

Turning 65 — **IEP** active. **Cutaneous SCC** history; local treatment completed; ongoing surveillance. Intake: **“If it gets bad, MD Anderson.”**

Medigap GI: Available **now** without underwriting. If she enrolls MAPD first and drops GI later, **returning to Medigap** may require **health questions** she may not pass.

SECTION 9 — WIFE: MAPD vs FREEDOM — MD ANDERSON DECISION FRAME

9.1 What cheap MAPD gets wrong here

A **$0 HMO** covering **Austin dermatology** can still **fail** wife’s real scenario:

- **Medical oncology** at **MD Anderson** not contracted.
- **Radiation oncology** or **trial drugs** not on formulary.
- **Referral / prior auth** delays while disease progresses.
- **Out-of-network PPO** cost sharing that **exceeds** Medigap premium savings.

9.2 PPO shortlist — in-network copays (illustrative Plan Detail)

Read both MOOP lines on every PPO Plan Detail: in-network MOOP (below) and **out-of-network MOOP** (almost always **higher** — shown on next row).

Service (in-network)	UHC PPO H4527	Aetna PPO H3288	Humana PPO H8592
PCP	$0	$0	$10
Specialist	$35	$40	$35
Inpatient	$295/day d 1–5	$350/day d 1–6	$275/day d 1–5
ER	$130	$115	$125
In-network MOOP	**$4,500**	**$3,800**	**$5,300**
Out-of-network MOOP	**$10,000**	**$8,550**	**$12,450**

PPO out-of-network rule: There is **no** out-of-network provider directory for **MD Anderson** or other regional centers. **Call the hospital** and ask:

"Do you accept payment from [carrier name] — [plan name] PPO — [H-number]?"

Example (wife's UHC shortlist): *"Do you accept payment from UnitedHealthcare — Complete Care Support TX-3P PPO — H4527-003-0?"* Save **date, rep name, yes/no**.

In-network Austin care: Use Plan Detail **provider and hospital pages** for **Dr. ■■■■■■** and **Dell Seton** — confirm listed **in-network** for the **exact plan ID** before enroll.

9.3 Freedom stack cost (wife)

Line	$/month
Plan G (female 65)	$142
PDP	$38
Plan subtotal	**$180**

Compare to **UHC PPO $0** premium — wife pays **~$180/mo** more for freedom stack but buys **Medicare-wide access** (assignment) including **Houston** trips without HMO permission structure.

9.4 NMA recommendation logic (wife)

If her priority is…	Lead
Lowest premium; Austin-only care	PPO MAPD after **call + in-network directory verify**
MD Anderson if disease progresses	**Freedom stack or** PPO with **call confirmation** that Anderson **accepts plan payment**
Lowest drug spend only	PDP math alone — **wrong metric** for SCC history

Part B vs Part D (oncology — LOCK): IV / infusion chemotherapy in a physician office or hospital outpatient is billed under **Part B**, not Part D. Adding chemo infusions **does not** change her **Part D formulary ranking** — **no Medicare.gov drug re-run** for infusion chemo alone. **Re-run** when

oral cancer drugs (pills) are added to her list.

Default lead: Freedom stack if MD Anderson is **non-negotiable** in intake narrative. **PPO MAPD** if she accepts **annual call verification** and **MOOP** risk to save **~$180/mo**.

SECTION 10 — WIFE: DRUG DETAIL & ACITRETIN

Acitretin — expect **specialty pharmacy** or **PA**. On June exports all shortlisted plans show **4/4** — confirm **month-by-month** table on Plan Detail PDF (Run Card rule).

If oncologist adds **oral** oncology drugs — **re-run Medicare.gov immediately**. **IV chemotherapy** is **Part B** — see Section 9.4; infusion chemo alone does **not** trigger a Part D re-run.

10.2 Wife — monthly drug detail (see Section 5.7)

At current four-drug list, wife's **Part D** spend is **modest** (~**$24/mo** at HEB on freedom-stack PDP pattern). **Acitretin** is the tier watch. **Medical oncology escalation** (infusion chemo) is a **Part B / MOOP** question on MAPD — not a formulary sort on Medicare.gov drug compare.

PART III — HUSBAND — COMPLETE SECTION

SECTION 11 — HUSBAND: CHF & HOSPITALIZATION HISTORY

Congestive heart failure with **three hospitalizations in two years** (intake). Fight is **not** premium — it is **inpatient copay accumulation** vs **Plan G catastrophic simplicity**.

Illustrative **MAPD** inpatient: **$275–$350 per day** for days 1–5 plus **20% coinsurance** ambiguities on Plan Detail footnotes — vs **Plan G** covering **Part A deductible and coinsurance** after B deductible met.

SECTION 12 — HUSBAND: MEDIGAP QUOTES (JULY 2026 MEDICARE.GOV TOOL)

ZIP **78731**, male **65**, non-tobacco:

Plan	Carrier (lowest quote)	Premium
G	Mutual of Omaha	**$148**
G	AARP/UHC	$152
N	Humana	**$108**
N	Cigna	$112

Lead: Plan G Mutual of Omaha $148 — lowest **G** on Medicare.gov for this ZIP and age band.

SECTION 13 — HUSBAND: PLAN G vs PLAN N (CHF — MANDATORY KB)

Desk breakeven: **$148** – **$108 = $40/mo** → **$480/yr ÷ $20 = 24 E&M visits**.

Misleading for CHF — cardiologist **2–4×/year**, not 24. **Real Plan N cost drivers:**

- **Cardiac rehab** 2–3×/week × 12 weeks → **24–36 × $20 = $480–$720** per course.
- **PT after admission** — same pattern.
- **ER $50** copays — CHF patients trigger **fluid / breathing** visits.
- **Part B excess charges** — **Plan G only**. **NMA lead: Plan G** — locked for this husband.

SECTION 14 — HUSBAND: MAYO CLINIC FLORIDA & EP ABLATION

14.1 Why MAPD is the wrong default

Austin MAPD networks are built for **Travis County utilization**, not **elective Florida ablation**. Even **national PPO** MAPD plans may treat **Mayo Clinic Florida** as **out-of-network** or **not contracted** for **elective EP procedures**.

Distance reality: Mayo Clinic Florida is **~1,000 miles** from ZIP 78731 — flight and hotel are **your** budget, not Medicare. The Medicare question is **assignment and billing path**, not whether a Travis County HMO directory lists a Florida campus.

14.2 Freedom stack path

Under **Original Medicare + Plan G**:

1. Confirm **Mayo Clinic Florida** participates in **Medicare** for the service. 2. Confirm **specific electrophysiologist** accepts **assignment** (or document excess charge risk). 3. **Plan G** covers **Part B coinsurance** after **$257** deductible (2026). 4. **Travel costs** (flight, hotel) are **not** Medicare — household budget item.

14.3 If husband ignores advice and chooses MAPD anyway

Call Mayo Clinic Florida — *"Do you accept payment from [carrier name] — [plan name] PPO — [H-number]?"* (Same script as Section 9.2 if husband ignores advice and chooses MAPD.) If **no**, elective ablation is **not a covered network benefit** — only **emergency** while traveling may apply.

NMA does not recommend husband MAPD given intake goals.

SECTION 15 — HUSBAND: MONTHLY COST WORKSHEET

Line	$/month
Plan G	$148
PDP (Humana Walmart Value Rx)	$47
Plan subtotal	**$195**
Part B (universal — each; see Section 18 if 2024 MAGI tier applies)	$202.90

Drug est. ~**$57/mo** in-network HEB after deductible phase (Section 5.6) — use payment plan to smooth Eliquis.

SECTION 16 — HUSBAND: MAPD CONTRAST TABLE (WHY NOT)

Metric	Freedom stack	Illustrative UHC C-SNP MAPD
Plan premium	$195	$0
MOOP exposure	Plan G caps B gaps	**$3,900** medical MOOP + copays
Mayo Clinic Florida elective EP	**Assignment path**	**Call — plan payment unlikely**
Cardiac rehab	**No $20 visit copay stack**	**$20–$40/visit** on Plan N-style medical benefit

PART IV — COUPLE-WIDE CLOSING

SECTION 17 — DUAL IEP CALENDAR (CRITICAL DATES)

Both spouses turning **65** — each has **7-month IEP** around Part B effective month.

Milestone	Action
3 months before 65th birthday month	IEP opens — **Medigap GI clock**
65th birthday month	Part B can start
3 months after birthday month	IEP ends — **last chance GI Medigap**
Missing IEP	Penalties + possible loss of GI

Do not let husband enroll MAPD “just to try” during IEP — may **forfeit Medigap GI** in Texas depending on election timing and current coverage — verify with **State Health Insurance Program 800-252-9240** for Texas (educational call only — NMA does not enroll).

SECTION 18 — IRMAA & INCOME (~$195K HOUSEHOLD — MARRIED FILING JOINTLY)

IRMAA (Income-Related Monthly Adjustment Amount) is based on **modified adjusted gross income (MAGI) from the tax return two years ago** — **not** this year's paycheck or what you told us on intake.

Example: Part B premiums in **2026** use **2024** joint tax return MAGI. A Roth conversion, large capital gain, or bonus in **2024** can raise **2026**

Medicare bills even if **2026** income is lower.

At **~$195,000** household income on the **2024** joint return, this couple is likely **below** the first IRMAA tier — **standard Part B $202.90/month each** in 2026. Confirm with your tax preparer; one high-income year can trigger surcharges **two years later**.

18.1 2026 Part B IRMAA — married filing jointly (2024 MAGI)

Both spouses pay Part B separately. IRMAA uses **2024 MAGI on the joint return** — the same number applies to **each** spouse's Part B and Part D IRMAA add-on.

2024 MAGI (MFJ)	Part B premium/mo (each)	Part D IRMAA add-on (each)
Less than $212,000	**$202.90** (standard — **no IRMAA**)	**$0.00**
$212,000 or more — up to $266,000	**$272.80** (Tier 1)	**$14.90**
$266,000 or more — up to $332,000	**$377.70** (Tier 2)	**$38.10**
$332,000 or more — up to $398,000	**$482.60** (Tier 3)	**$61.50**
$398,000 or more — up to $750,000	**$587.50** (Tier 4)	**$84.90**

2024 MAGI (MFJ)	Part B premium/mo (each)	Part D IRMAA add-on (each)
$750,000 or more	**$692.50** (Tier 5)	**$104.10**

This household (~$195K on intake) is under $212K if **2024** joint MAGI matches — **standard Part B $202.90 each** unless the **2024 return** was **$212,000 or above**. Pull the **2024** return or ask your preparer before budgeting.

Part D IRMAA: If Tier 1 or higher applies, add the **Part D IRMAA** column to **each spouse's standalone PDP premium** (freedom stack) — MAPD bundles Part D but IRMAA still applies.

IRMAA applies **whether** MAPD or Medigap. **Part B giveback** MAPD does **not** erase IRMAA.

Extra Help (LIS): Not expected at this income.

SECTION 19 — NETWORK VERIFICATION (BEFORE ANY ENROLLMENT)

Step	Wife	Husband
1	**MD Anderson (Houston):** *"Do you accept payment from [carrier name] — [plan name] PPO — [H-number]?"* **Freedom stack:** ask **Medicare assignment** instead. Save **date, rep, yes/no**.	**Mayo Clinic Florida:** *"Do you accept Medicare assignment for [planned EP service]?"* Save in writing.
2	**Austin doctors + Dell Seton (in-network):** Use Plan Detail **provider/hospital pages** on Medicare.gov for the **exact plan ID** — confirm **Dr. ■■■■■■** and **Dell Seton** listed **in-network**.	**Austin cardiologist:** Confirm **Medicare assignment** (freedom stack) or in-network on Plan Detail **only if** MAPD.
3	On PPO Plan Detail, record **both in-network MOOP** and **out-of-network MOOP** — OON is the higher line.	N/A — Plan G after Part B deductible.
4	Save call notes and Plan Detail screenshots to **Medicare** folder	Same

Never use an "out-of-network directory" — **it does not exist.** Regional centers require **phone verification**.

SECTION 21 — FAQ

Q: We can afford the premiums — why not just take $0 MAPD and save money? A: Yes, absolutely — with your relatively high income. Above all else, the **freedom stack preserves your optionality**. Think for a moment: a few years down the road, you become a candidate for **heart ablation therapy** for your CHF, for example, and your research shows that the finest EP cardiologists practice at **Mayo Clinic**. With your Plan G, you're good to go. Any MAPD? You're **stuck**. That's the peace of mind your income allows.

Q: Can we both use the same MAPD plan for simplicity? A: Only if **both** paths fit — husband's **Mayo Clinic Florida** goal and **CHF** history argue **no**.

Q: Is MD Anderson covered by Texas MAPD plans? A: **Sometimes partially** — must verify **per plan ID**; not automatic for **all oncology services**.

Q: Why not Medicare Advantage PPO for both and skip Medigap? A: **Premium savings** vs **network lock** — husband's **elective Florida** care is the stress test.

Q: What if wife stays on my employer plan? A: Not this intake — would need **creditable coverage** proof and **Part B timing** analysis (separate branch).

Critical dates & deadlines

Husband — IEP: Enroll Part B + Plan G + PDP during 7-month window around

65th birthday. Miss GI = Medigap likely impossible with CHF.

Husband — Plan G: Same month as Part B effective date. Do not delay.

Wife — IEP: Same 7-month window — decide freedom stack vs PPO MAPD before IEP ends; verify MD Anderson per plan ID if MAPD.

Wife — AEP only (if already on MAPD and changing later): October 15 – December 7 → January 1 effective.

Do this — in order (with how-to)

1. Husband — Medicare Part A + B (IEP): Call **Social Security 1-800-772-1213** or use ssa.gov/benefits/medicare → enroll **Part A + B** during his **7-month Initial Enrollment Period** → get **Part B effective date** in writing before Medigap/PDP.

2. Husband — Plan G (inside GI window): Call **Mutual of Omaha Medigap 800-775-6776** (illustrative lowest G quote) → apply for **Plan G ~$148/mo** → same month as Part B effective date. **Do not delay.** (Plan N loses on **rehab/PT + excess charges** — Section 14.)

3. Husband — PDP + HEB pharmacy: medicare.gov/plan-compare → ZIP **78731** → **Humana Walmart Value Rx S5904-186-0** (illustrative 4/4) → confirm **HEB in-network** → **Enroll**. Ask about **Prescription Payment Plan** for Eliquis (Section 6). Budget **~$195/mo** plan premiums plus drugs.

4. Husband — Mayo Clinic Florida (before ablation scheduling): Call **Mayo Clinic Florida** → ask **Medicare assignment** for planned EP service → save **date, rep name, yes/no** in Medicare folder.

5. Wife — MD Anderson (before any MAPD switch): Call **MD Anderson** — *"Do you accept payment from UnitedHealthcare — Complete Care Support TX-3P PPO — H4527-003-0?"* Repeat for **Aetna — Medicare Premier Plus PPO — H3288-021-0**. Confirm **Dr. ■■■■■■** and **Dell Seton in-network** on Plan Detail → write **date, rep ID, yes/no**.

6. Wife — decide path during IEP: Freedom stack (**Plan G ~$142** + PDP **~$38**) **or** verified PPO MAPD — **separate** Medicare.gov session with **her four drugs only** (Section 4.1).

7. Household file folder: This report, Plan Detail PDFs, SSA Part B letters, Medigap + PDP confirmations, network call notes. Never **MA-only** without creditable drug wrap.

DATA SOURCES & LIMITATIONS

- Medicare.gov Plan Compare PDFs — June/July 2026 — Travis County ZIP **78731**
- Medigap quotes — Medicare.gov tool — July 2026
- Plan IDs and premiums from June/July 2026 Medicare.gov exports on file — **re-verify before enroll**
- NMA did not independently call MD Anderson or Mayo — **verification steps** assigned to household
- Educational research only — not enrollment, not medical advice

YOUR NMA RESEARCH TOKEN

Member loyalty reward

Research code: **TX01-EXAMPLE**

[redacted]-TX01-20PCT

20% OFF

your next Complete Research order

nextmountainadvisors.com

Example token — production report includes your unique code.

END COMPLETE REPORT — SAMPLE TX01 AUSTIN COUPLE EXAMPLE