



COMPLETE MEDICARE RESEARCH REPORT

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Research Code: CA02-EXAMPLE

Report Date: June 28, 2026

Household: San Francisco County, California (ZIP 94102)

Example Type: **EXAMPLE REPORT** — physician names redacted (■■■■■■■■); hospitals and plan IDs are real for network research

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

MedSupp Quotes: Medicare.gov Medigap tool 2026-06-11 (Plan G) + 2026-06-27 (Plan N) — male age 65, ZIP 94102

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Click entries to jump. Medicare.gov: [medicare.gov/plan-compare](https://www.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 SAN FRANCISCO & HOUSEHOLD CONTEXT

SECTION 1 — EXECUTIVE SUMMARY

HUSBAND — FREEDOM STACK (TURNING 65, CHF)

- Enroll **Original Medicare Part A + Part B** during his **Initial Enrollment Period**.
- Add **Medigap Plan G — Bankers Life (Washington National)** at **\$157/month** — lowest **Plan G** quote on Medicare.gov for ZIP **94102**; Plan G benefits are identical carrier to carrier.
- **Plan N shown for comparison only (Section 13)** — not recommended for CHF: rehab/PT visit load and **Part B excess charges**, not routine cardiologist frequency alone.
- Add **Humana Premier Rx PDP (S5884-178-0)** — **\$172.90/month** premium; **4 of 4 drugs** on husband's Medicare.gov export; **pharmacy spreadsheet** Section 14.3 (retail + mail order).
- **Fixed plan premiums: about \$330/month** (Plan G + PDP) — see Part III Section 15.
- **Do not** enroll him in Medicare Advantage as his primary path.

WIFE — MAPD IF SHE CHANGES (AGE 67, EXCELLENT HEALTH)

- **Do not** buy Plan G for her — she has **excellent health**, **no desire** for a high monthly premium, and **no need** for near-\$350/month in supplements.
- If she **changes** drug/medical coverage: compare **MAPD** only, after network verification.

Lead shortlist: **Imperial H5496-012-0** (Part B giveback) or **Align Senior Care H3274-005-0**.

- Full **medical copay comparison** — Part II Section 9 — is the analysis Medicare.gov does not give this household. **Reject household-wide**: MA-only (no Part D) without VA/TRICARE/employer drug wrap; husband below **4 of 4** on his drug list; wife below **2 of 2** on hers (Section 2).

Why this matters in one paragraph

San Francisco offers dozens of **\$0 MAPD** plans. The husband's **CHF admission history** means the fight is not the premium line — it is **hospital copays, MOOP, and network lock-in**. The wife's fight is the opposite: **low cost for a healthy year** without buying Medigap she does not need.

How this report is organized

Part I — San Francisco market, terms, drug-deductible rules, payment plans, and the two-path framework. **Part II — Wife only** (profile, MAPD copay table, giveback math, costs). **Part III — Husband only** (profile, Medigap quotes, PDP, cost worksheet, freedom vs MAPD, prior authorization). **Part IV** — couple-wide IRMAA, enrollment calendar, network verification, FAQ, and unified action list. This household should never wonder *which spouse* a section describes.

SECTION 2 — THIS HOUSEHOLD (INTAKE)

ZIP **94102**, San Francisco County.

	Husband	Wife
Age	Turning 65	67
Medicare status	Initial Enrollment Period (turning 65)	On Medicare approximately two years
Health focus	Congestive heart failure; three hospitalizations in two years ; significant medical bills	Excellent health
Rx on file (Medicare.gov)	Lisinopril, Eliquis, Trelegy, Tizanidine — 4/4 on exports	Levothyroxine, Vitamin D3 only — 2/2 maintenance generics
Primary research subject	Medigap + PDP quotes	MAPD compare if she changes coverage
Shared PCP (example)	Dr. ■■■■■■	Same
Cardiologist (example)	Dr. ■■■■■■	—

Household income: ~\$200,000/year — comfortable for Plan G; watch IRMAA tiers (Section 18).

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

Providers — verify before enroll (hospitals are real; physician names redacted in this example PDF):

Role	Name in this example	Verify for
PCP	Dr. ■■■■■■	Wife MAPD + husband freedom stack
Cardiologist	Dr. ■■■■■■	Husband CHF follow-up
Academic hospital	UCSF Health	Inpatient + EP cardiology
Community hospital	Sutter / CPMC	Alternate admission site
Safety-net hospital	Zuckerberg SF General	ER / trauma backup

Kaiser: Not flagged for this household — if Kaiser membership applies, see **closed panel** (Section 3).

SECTION 2A — SAN FRANCISCO COUNTY MEDICAL BACKDROP

Dense urban county — **dozens of MAPD plans**, but hospital and specialist networks are **not interchangeable**. For CHF management, where this household lands for admission matters as much as the premium line.



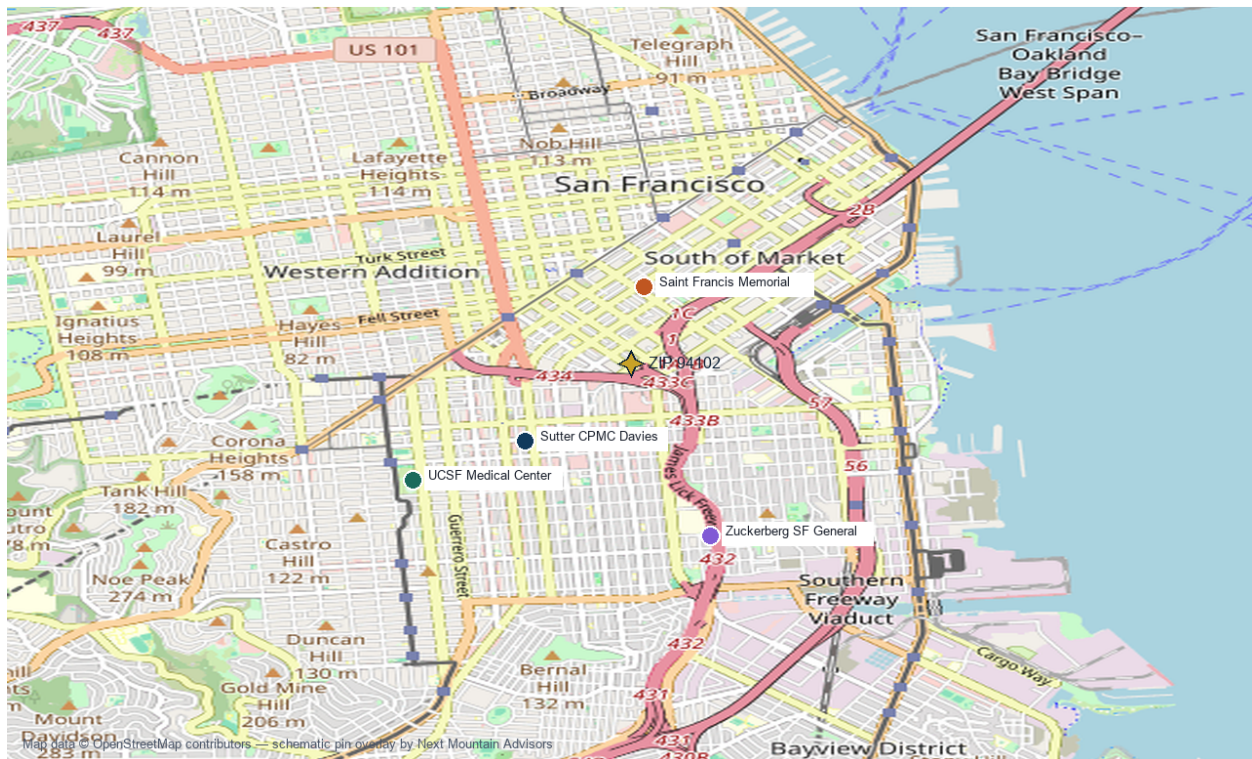
2A.1 Why hospital fit dominates here

Patients in ZIP **94102** often anchor care at **UCSF Health, Sutter / CPMC,** or **Zuckerberg SF General**. MAPD networks may include one system tightly while making another out-of-network or higher copay. **Verify by plan ID** — Medicare.gov compare rows are not enough.

System	MAPD note	
UCSF Health	Academic quaternary center — verify by plan ID	

System	MAPD note	
Sutter / CPMC	Large community network — not on every MAPD contract	
Zuckerberg SF General	Safety-net + trauma — verify per plan	
Kaiser Permanente (if flagged)	Closed panel — see Section 3	Drug totals only meaningful in-system

San Francisco hospitals — verify in-network per plan ID before enrolling



Freedom stack: ask **"Do you accept Medicare assignment?"** — not **"Are you in my MAPD network?"**

SECTION 3 — TERMS (DEFINED ON FIRST USE)

Original Medicare (OM) — Federal **Part A** (hospital) + **Part B** (doctors/outpatient). Without Medigap or employer wrap, this household would owe Part B **20% coinsurance** with no cap — NMA treats bare OM as **non-insurance** for most retirees (*Avoid the Traps*).

Medigap / Medicare Supplement — Private policy that pays OM gaps. Federally standardized **Plan G** and **Plan N** are the usual compares for new enrollees. Both cover most Medicare gaps; neither includes drugs.

Plan G — Covers standardized gaps **after** you pay the Part B annual deductible (**\$257 in 2026**, typically on your first covered doctor visit). **No per-visit copays** on covered Part B services after that deductible. **Covers Part B excess charges** (up to **15% above Medicare-approved amount** for non-participating providers) — important in hospitals where you may be billed by doctors you never meet.

Plan N — **Lower monthly premium** than Plan G, but adds **up to \$20 copay** on qualifying **office / evaluation-and-management (E&M) visits** — doctor office visits coded for evaluation and management of a problem (PCP, cardiologist, pulmonologist, **physical therapy, cardiac rehab sessions**, and similar outpatient Part B visits when billed as E&M). Also **up to \$50** on **emergency room** visits that **do not** result in an inpatient admission (ER copay **waived if admitted**). Does **not** cover Part B excess charges — you may owe **up to 15% above Medicare-approved amount** from non-participating providers. **Breakeven math — Section 13.**

Plan N vs. Plan G — how NMA picks: Desk formula: $(G \text{ premium} - N \text{ premium}) \times 12 \div \$20 = \text{qualifying E\&M visits before Plan N stops saving money}$. For this ZIP: **\$157 G – \$117 N = \$40/mo → \$480/yr ÷ \$20 = 24 visits. That formula alone is misleading for CHF** — cardiologists are typically seen **at most every 3 months, usually every 6 months**

(roughly **2–4 visits/year**), not 24 times. **Plan G** for this husband because **cardiac rehab, PT after admissions, pulmonology follow-up, and ER copays** stack on Plan N — and because **Plan G covers Part B excess charges** hospitals often trigger. Detail — **Section 13.4**.

GI (Guaranteed Issue) — Right to buy Medigap **without health questions** during limited windows — chiefly the **Initial Enrollment Period (IEP)** centered on turning **65** and enrolling Part B. **Husband: use IEP now**. If GI is missed, buying Medigap later usually requires **medical underwriting** — with **CHF and three hospitalizations**, approval is **highly unlikely**. **Do not** count on underwriting rescue.

California Birthday Rule (separate from GI): If you **already hold Medigap**, California gives you a **60-day window starting on your birthday each year** to switch to **equal or lesser** benefits (e.g., Plan G→Plan G at a different carrier) **with no health questions**. This great provision allows you to **leave a carrier that raises premiums faster than the general market trend** and shop the same letter at another carrier — very unusual nationally, and **consumer-friendly**. It does **not** help someone on **MAPD-only** or **bare Original Medicare** who never bought Medigap. It is **not** a path from MAPD to Medigap.

Closed panel (Kaiser-style) — An integrated health system that serves **its own members only**. **Original Medicare or Medigap does not get you in the door** for routine care — only **emergency / urgent** exceptions apply. Drug and premium comparisons on Medicare.gov for closed-panel plans are **misleading** unless you are already in that system.

Kaiser Permanente (if flagged) — Example of closed panel in Northern California.

PDP — Standalone **Part D prescription drug plan** (used with OM + Medigap).

MAPD — Medicare Advantage with Part D — medical + drugs in one plan; **network rules** apply; **MOOP** caps in-network cost sharing for the year.

HMO — Health Maintenance Organization. **Gatekeeper** primary care physician (PCP); **referrals** required for most specialists; **prior authorization** common. Care is typically **in-network only** except emergencies.

PPO — Preferred Provider Organization. Still assigns a PCP, but beneficiaries **may go out-of-network (OON)** for higher copays and faster progress toward a **higher MOOP**. OON = providers not on the plan's contract list — allowed at **much higher cost**.

MA-only (Medicare Advantage without Part D) — **Do not pair** with a standalone PDP; that pairing is **illegal**. Without **creditable drug coverage** elsewhere (VA, TRICARE, employer retiree wrap), lifetime **Part D late-enrollment penalties** apply. NMA does not recommend MA-only unless intake confirms wrap.

MOOP — **Maximum Out-of-pocket** for MAPD **medical** services. **In-network and out-of-network MOOP are separate** — check both on Plan Detail for PPO plans.

TrOOP — Part D drug out-of-pocket ceiling (**\$2,100 in 2026** on formulary drugs).

Part B giveback — Some MAPD plans pay part of the Part B premium; **does not** replace formulary, network, hospital copay, or MOOP review.

HDHP — High Deductible Health Plan (employer coverage). If husband stays on employer **HDHP** past 65, special Part B timing rules apply — consult HR before his birthday month.

Prior authorization (PA) — Plan requires prescriber paperwork before paying — common on **Eliquis** and **Trelegy**.

Medicare-accepting provider — Takes Medicare assignment (Original Medicare pays directly); not the same as "in my MAPD network."

SECTION 4 — SAN FRANCISCO CARE CONTEXT (BRIEF)

4.1 Market density & NMA Medicare.gov session rule

One drug list per spouse — never combined for MAPD wife shopping. Husband's harvest used **his four drugs** (Lisinopril, Eliquis, Trelegy, Tizanidine). Wife's MAPD compare requires a **separate Medicare.gov session with levothyroxine + vitamin D3 only**. The six MAPD Plan Detail PDFs on file reflect the **husband's four-drug county run** — useful for plan availability and copay tables, but **wife must re-run** with her **two-drug list** before enroll. **Do not** merge spouses' drugs into one MAPD compare.

Wife has shopping power; husband needs **path correctness**, not more choices.

4.2 Husband — CHF drug list

Lisinopril, Eliquis, Trelegy, Tizanidine — heart failure and anticoagulation pattern. Eliquis and Trelegy drive **tier and prior-authorization** friction; all shortlisted plans cover **4/4** on the Medicare.gov export. Production uses the **exact** drug list on file.

4.3 Wife — maintenance-only list (separate Medicare.gov run)

Levothyroxine, Vitamin D3 — typical **excellent-health** maintenance. **Separate Plan Compare session with her drugs only** — never piggyback on husband's CHF list.

SECTION 5 — HOUSEHOLD DRUG DEDUCTIBLES (FROM PLAN DETAIL PDFs)

Source: **June 2026 Plan Detail** exports on file. Pharmacy and dosages as saved on Medicare.gov at export time.

Plan (household exports)	Drug deductible (summary line)	Est. drug cost rest of 2026	Drugs on list	Deductible hit on this list?
Imperial H5496-012-0	\$0	*(tier copays — see Plan Detail)*	4/4	No — \$0 deductible
Align Senior H3274-005-0	\$0	*(tier copays — see Plan Detail)*	4/4	No — \$0 deductible

Plan (household exports)	Drug deductible (summary line)	Est. drug cost rest of 2026	Drugs on list	Deductible hit on this list?
Alignment H3815-016-0	\$0	*(tier copays — see Plan Detail)*	4/4	No — \$0 deductible
Central Health H5649-018-0	\$100	*(tier copays — see Plan Detail)*	4/4	Unlikely on current list — confirm tiers
Humana Premier PDP S5884-178-0 (husband freedom stack)	\$0	~\$610	4/4	No deductible hit — but ~\$610/yr est. Rx triggers Section 6

If pharmacy, dosage, or either spouse's drug list changes, re-run Medicare.gov Plan Compare before enrollment — deductible math can flip when a drug moves to Tier 3+.

5.1 Tier 1 / Tier 2 background (when a new drug joins the list)

Many plans exempt **Tier 1 generics** and **Tier 2 preferred brands** from the annual drug deductible — deductible applies only to **Tiers 3–5** on those plans. **The table above already answers the question for today's list.** Use this rule when either spouse adds a new prescription.

5.2 This household — tier / PA risk

Eliquis and **Trelegy** drive **Tier 3+** and **PA** risk on both MAPD and PDP paths. All shortlisted MAPD Plan Details show **4 of 4** drugs — re-rank on **saved pharmacy, dosages, and tier lines** from monthly tables if anything changes.

SECTION 6 — PRESCRIPTION PAYMENT PLANS (DEDUCTIBLE HIT OR ~\$400+/YR RX)

Trigger this section when **either** spouse expects to **meet the drug deductible** or estimated annual Rx cost is **~\$400/year or more**.

This household triggers on husband's PDP: Humana Premier **S5884-178-0** shows **~\$610** estimated drugs **rest of 2026** on Medicare.gov — above the **~\$400/yr** threshold even with **\$0** drug deductible. Wife on MAPD with healthy-year use may stay below threshold unless tier copays spike.

6.1 CMS Medicare Prescription Payment Plan

What it is: A federal program letting beneficiaries **spread Part D out-of-pocket** (deductible, copays, coinsurance) into **monthly installments** instead of large pharmacy hits.

Who should consider: Anyone on **fixed monthly budget** facing **Tier 3+** drugs, **deductible** on first fills, or **PA delay** causing a lump-sum catch-up. **Husband (~\$610/yr est.)** should model monthly vs lump sum before first refill season.

How to enroll: Through the **Part D plan** (PDP or MAPD) — ask for **"Prescription Payment Plan"** when enrolling or mid-year if costs spike.

Humana Premier PDP: 1-877-529-9871 (non-members).

6.2 Carrier / pharmacy installment options

Some carriers and retail pharmacies offer **their own** payment plans (terms vary — interest-free vs fee). Treat as **backup** if CMS plan is unavailable for the carrier.

6.3 NMA worksheet — when to flag payment plan in the file

Trigger	Action
Plan Detail shows deductible applies to tier	Estimate first-fill hit; compare payment plan
Est. annual Rx ≥ ~\$400	Model monthly vs lump sum — husband ~\$610/yr
Eliquis / Trelegy PA delay (Husband)	Budget 2–3 weeks; payment plan if first fill is large
Wife on MAPD year-round	Re-run pharmacy table at preferred vs standard pharmacy

Keep **Plan Detail pharmacy pages** and any **payment-plan confirmation** in the household Medicare folder.

SECTION 7 — THE TWO PATHS (WHICH SPOUSE, WHICH DOLLARS)

San Francisco couples often **split paths** — one spouse on MAPD, one on freedom stack. Below is how each path works **for this household**,

with June 2026 numbers on file. Full path definitions appear in Section 3; this section applies them to **this** ZIP and **this** intake.

PATH 1 — ORIGINAL MEDICARE & THE FREEDOM STACK

Path 1 — Freedom stack (Original Medicare + Plan G + PDP)

Who it fits here	Husband — CHF, three hospitalizations in two years; needs nationwide Medicare-accepting access
Monthly plan cost (lead quote)	\$329.90 — Bankers Life Plan G \$157 + Humana Premier PDP \$172.90 (Part III Section 15)
Plan N (not for husband)	\$289.90 (Blue Shield N \$117 + PDP) — desk breakeven 24 E&M visits/yr ; CHF rehab/PT clears that fast (Section 13.4)
Doctors / hospitals	Any Medicare-accepting provider nationwide who takes assignment — no MAPD network list
Drug coverage	Separate PDP card (S5884-178-0); ~ \$610 est. drugs rest-2026 — Section 6 payment plan
Worst-case medical year	Part B 20% coinsurance capped by Plan G after \$257 Part B deductible (2026) — no MOOP fight
Wife	Not Path 1 — excellent health; no need for high monthly Medigap premium

PATH 2 — MEDICARE ADVANTAGE (MAPD & RELATED)

Path 2 — MAPD (Medicare Advantage with Part D — one card)

Who it fits here	Wife if she changes at AEP; not husband given CHF history
Monthly plan cost (lead example — Imperial)	\$0 plan premium + \$35/mo Part B giveback (cash via SSA) — still pay universal Part B \$202.90 each
Doctors / hospitals	In-network only (HMO/HMO-POS on shortlist) — UCSF / Sutter must match plan ID (Section 20)
Drug coverage	Inside the plan — 4/4 on exports; \$0 drug deductible on top three wife shortlist plans (Section 5)
Worst-case medical year	Medical costs accumulate toward MOOP (\$296–\$1,900 on shortlist) plus all copays along the way
Tradeoff vs Path 1	Saves ~\$330/mo in plan premiums vs husband's freedom stack — trades network lock-in + copays for cash

NMA lead: Husband — Path 1 with Plan G during IEP. **Wife — Path 2** only after network verify; lead IDs **H5496-012-0** or **H3274-005-0** (Part II) — **giveback not automatic** (Section 10.4).

PART II — WIFE — COMPLETE SECTION

SECTION 8 — WIFE: PROFILE & ELECTION STATUS

Age 67. On Medicare approximately **two years.** **Excellent health** — no interest in a high monthly Medigap premium near **\$350/month.**

Mid-year plan changes need a **Special Enrollment Period (SEP)** — move, loss of coverage, etc. — or wait for **Annual Enrollment Period (AEP: Oct 15–Dec 7, effective Jan 1).**

This report compares against **June 2026 Medicare.gov exports** so she can **stay or switch** at AEP with eyes open. **No forced change** if current coverage satisfies.

SECTION 9 — WIFE: MAPD MEDICAL COPAY COMPARISON (TOP 3 SHORTLIST)

Pulled from **Medicare.gov Plan Detail PDFs** (June 2026). In-network unless noted. This is the side-by-side clients cannot get from Medicare.gov's sort-by-premium screen.

Benefit	Imperial H5496-012-0	Align Senior H3274-005-0	Alignment H3815-016-0
Plan type	HMO	HMO	HMO-POS
Plan premium	\$0/mo	\$0/mo	\$0/mo
Part B giveback	\$35/mo	None	None
Medical MOOP	\$296	\$1,900	\$998

Benefit	Imperial H5496-012-0	Align Senior H3274-005-0	Alignment H3815-016-0
Primary care visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$0 copay	\$0 copay	\$0 copay
Emergency room	\$125 copay	\$90 copay	\$90 copay
Urgent care	\$0 copay	\$40 copay	\$0 copay
Inpatient hospital	\$0/day days 1–90	\$0 per stay	\$0/d 1–3; \$50/d 4–7; \$0/d 8–90
Outpatient hospital	\$100 copay	\$0–\$225 copay	\$85 copay
Ground ambulance	\$150 copay	\$125 copay	\$75 copay
Air ambulance	Not listed	Not listed	Not listed
Chiropractic	\$0 copay	\$30 copay	Not covered
Acupuncture	\$0 copay	\$30 copay	Not covered
Podiatry	Not listed	Not listed	Not listed
Drugs (husband's 4-drug harvest)	4/4	4/4	4/4

*Copay table uses **husband's four-drug** Medicare.gov session. Wife shops with **2-drug re-run** (Section 4.1).*

9.1 How to read this table

- **Imperial** wins on **MOOP (\$296)** and **Part B giveback (\$35/mo)** but has the **highest ER copay (\$125)** in this trio.
- **Align Senior Care** balances **MOOP \$1,900** with moderate ER/urgent copays — senior-focused plan.
- **Alignment** has **lowest ambulance (\$75)** but **no chiropractic/acupuncture** — fine if she does not use those benefits; verify **inpatient day 4–7 (\$50/day)** if she expects short stays.

9.2 Wife recommendation from this table alone

Network first — pick the plan that includes **her doctors and hospital**, then use this table. If all three pass network: **Imperial** for giveback + low MOOP; **Align Senior** if she prefers \$0 inpatient per stay wording.

Not for husband — CHF hospitalization history overrides giveback marketing.

9.3 Wife — supplemental benefits (Dental / Vision / Hearing + fitness)

MAPD plans often bundle **extra benefits** Original Medicare does not cover. **Husband's freedom stack** (Original Medicare + Plan G + PDP) includes **no routine dental, vision, hearing aids, or gym membership** — those are out of pocket unless he buys separate **DVH** (dental/vision/hearing) policies. NMA **generally advises against standalone DVH** for most clients: premiums run **high**, annual caps and

exclusions run **low**, and the math rarely beats paying cash for cleanings and glasses.

Wife — from June 2026 Plan Detail PDFs (in-network; plan limits apply — confirm annual maximums on your PDF):

Supplemental benefit	Imperial H5496-012-0	Align Senior H3274-005-0
Preventive dental	Oral exam, cleaning, fluoride, x-rays — \$0 copay	Exam, cleaning, x-rays — \$0 copay (fluoride not covered)
Comprehensive dental	Restorative, endo, perio, prosthodontics, implants — \$0 copay *(limits apply)*	Restorative, endo, perio, prosthodontics — \$0 copay *(limits apply)*
Vision	Routine eye exam, contacts, eyeglasses (frames & lenses) — \$0 copay *(limits apply)*	Routine exam + eyewear — \$0 copay *(limits apply)*
Hearing	Exam + fitting \$0 ; prescription aids \$399–\$1,800 copay tier	Exam \$0 ; Rx aids \$399–\$699 ; OTC aids \$0
Fitness / gym	Fitness benefit — \$0 copay *(SilverSneakers-class program; limits apply)*	Fitness benefit — \$0 copay *(limits apply)*
Chiropractic / acupuncture	\$0 copay (Imperial)	\$30 copay each

Household split: Wife's MAPD may look richer on **extras**; husband trades those perks for **network-free medical access** and **no MOOP**

fight on CHF care. Do not choose wife's plan for gym benefits alone — **network + drugs first** (Section 4.1).

SECTION 10 — WIFE: PART B GIVEBACK GOTCHAS (ALL MAPD PLANS)

10.1 What giveback is

Imperial **H5496-012-0** advertises **\$35/month Part B reduction**. Social Security reduces the Part B withhold — cash back via SSA. It is **not** extra drug coverage and **not** a lower MOOP guarantee.

10.2 Gotchas NMA watches on every MAPD

- **Giveback without formulary pass** — disqualify (wife **2/2**; husband **4/4** on respective lists).
- **Low MOOP on paper** — confirm on **printed Plan Detail** (Imperial shows **\$296** on exports).
- **\$0 inpatient** can still require **referrals, prior auth, and in-network facility** — \$0 copay is not \$0 hassle.

- **ER copay variance** — Imperial **\$125** vs **\$90** on others adds up if ER is used for non-emergency.
- **Benefits not covered** — Alignment excludes chiro/acupuncture; Imperial includes at **\$0 copay**.
- **Plan ID changes** — enroll by **H-number**, not billboard name.

10.3 Giveback calculus — do the math before enrolling

Carriers fund Part B giveback by **trimming benefits elsewhere** — often **higher copays on services used often** (PCP, specialist, Rx tiers), not ER. Insureds chase the monthly cash without elementary math. **NMA recommends giveback only when net math works** for this household's expected use.

Illustrative — wife, Imperial vs Align Senior (healthy year):

Line	Imperial H5496 (\$35/mo giveback)	Align H3274 (no giveback)
Annual giveback cash	+\$420	\$0
PCP visits (e.g. 2/yr × \$0)	\$0	\$0
Specialist (e.g. 1/yr × \$0)	\$0	\$0
Rx tier delta	Compare Plan Detail tier tables before enroll	baseline
Net (medical copays only)	+\$420 if PCP/spec match	—

For this shortlist, **PCP and specialist copays are \$0 on both** — but **non-drug copays** can still erase giveback cash (Section 10.4).

10.4 Case against Part B giveback (non-drug copay test)

Giveback marketing hides cost in **services you actually use in a bad year**. Imperial **H5496-012-0** pays **\$35/mo** cash via SSA — **\$420/year** — but medical copays are **not all \$0**:

Non-drug service (in-network)	Imperial H5496 (giveback)	Align H3274 (no giveback)	Delta vs Align
Emergency room	\$125	\$90	+\$35 per visit
Ground ambulance	\$150	\$125	+\$25 per ride
Urgent care	\$0	\$40	Align costs more if used
Inpatient (wording)	\$0/day d 1–90	\$0 per stay	Compare prior-auth burden

Illustrative bad year (wife): 2 ER visits (non-admission) + **1 ambulance** on Imperial: **\$350** copays vs **\$305** on Align — only **\$45** worse, and **\$420 giveback still wins** on paper.

Why NMA still does not lead with Imperial: (1) **Highest ER copay (\$125)** in this trio — one non-emergency ER erases **3.6 months** of giveback. (2) **HMO gatekeeper** — network lock for **UCSF vs Sutter** (Section 20.3). (3) **\$420/year cash** is not worth a plan that fails **Dr. ■■■■■■** or **UCSF** network verify. **Giveback is last**, after network + non-drug copay review — not first because Medicare.gov sorted by premium.

NMA default for wife: Align Senior H3274-005-0 if network passes and she prefers **\$0 per stay** inpatient wording — unless Imperial verifies **and** she expects **zero ER/ambulance** use.

10.5 Giveback vs supplemental — hearing aids (if she ever needs them)

Healthy today does not mean **zero hearing spend tomorrow**. From June 2026 Plan Detail PDFs:

Supplemental	Imperial H5496 (giveback)	Align H3274 (no giveback)
Hearing exam	\$0	\$0
Prescription hearing aids	\$399–\$1,800 copay (per aid tier)	\$399–\$699 copay
OTC hearing aids	\$399 copay	\$0

Stress test: Wife needs **one prescription hearing aid pair** at **~\$1,600 copay tier** in year three. Imperial's **\$420/yr giveback** over three years = **\$1,260** — **does not fully offset** one heavy hearing year **plus** Imperial's higher ER copay if she uses the ER. Giveback plans can still win on **premium + cash** in a **perfectly healthy** decade — NMA models **one realistic "bad ear" year** before recommending giveback as lead.

Non-formulary drug note: A year with **drugs off formulary** can exceed **\$10,000** regardless of MOOP marketing — another reason wife's MAPD run must stay **2/2 drugs on formulary** (Section 4.3).

SECTION 11 — WIFE: MONTHLY COST WORKSHEET (PLAN PREMIUMS ONLY)

Rule: Part B is **universal** (stated once at the top of this report). Tables below show **plan-specific premiums only**.

11.1 MAPD example (Imperial, if network verifies)

Line item	\$/month
MAPD plan premium	0.00
Part B giveback (cash back via SSA)	(-\$35.00)
Wife net plan-side cash flow	(-\$35.00)
Her drug copays	*(varies by use)*

The **(-\$35.00)** line is the only MAPD-specific cash effect on her budget besides \$0 premium — not a substitute for network or MOOP review.

11.2 If she ever moved to freedom stack (unlikely — not recommended)

Plan G for a healthy 67-year-old with no utilization need would run **higher fixed premiums** with no clinical benefit vs **\$0 MAPD**. NMA does **not** quote Plan G for wife in this report.

Add universal **Part B** (\$202.90) and IRMAA if applicable (Section 18).

PART III — HUSBAND — COMPLETE SECTION

SECTION 12 — HUSBAND: PROFILE & INITIAL ENROLLMENT PERIOD

Turning 65. Congestive heart failure; three hospitalizations in two years; significant medical bills. Primary subject for Medigap and PDP quotes.

12.1 Husband IEP (turning 65)

- **3 months before** birthday month through **3 months after** — enroll Part B + **Medigap Plan G** + PDP.
- **Do not delay Medigap** — three hospitalizations make **later underwriting** a dead end if GI is missed.
- Enrolling MAPD at 65 instead of Medigap during IEP means he **gives up OPTIONALITY FOREVER** — nationwide **Medicare-accepting** choice traded for in-network lock-in. **Providers:** Dr. ■■■■■■■■ (cardiology), **UCSF Health** (inpatient). Freedom stack uses **Medicare assignment**, not MAPD directories.

SECTION 13 — HUSBAND: MEDIGAP PLAN G (LEAD) vs. PLAN N (COMPARISON + BREAK EVEN)

Sources: **Medicare.gov Medigap tool** — Plan G **2026-06-11**, Plan N **2026-06-27**; male, age 65, ZIP 94102.

13.1 NMA lead — Plan G (Bankers Life)

Plan	Monthly premium	Phone (Medicare.gov)
Plan G (NMA lead)	\$157.00	800-446-5018
Plan N — lowest on file (Blue Shield)	\$117.00	*(Medicare.gov plan card)*

Breakeven uses lowest G vs lowest N in ZIP — price only. Never same-carrier pairing.

(\$157 – \$117) = \$40/mo → \$480/yr ÷ \$20/E&M visit = 24 visits — correct premium math, but wrong story for CHF if you imagine 24 cardiologist appointments. Real-world CHF follow-up is slower.

Why Plan G for CHF (clinical visit pattern — NMA policy):

Visit type	Typical frequency (CHF / severe cardiac)	Plan N \$20 copay each?
Cardiologist	At most every 3 months; often every 6 months (2–4/yr)	Yes, when coded E&M
Pulmonologist	Every 6–12 months if ordered (1–2/yr)	Yes
PCP	2–4/yr when stable	Yes
Physical therapy	1–3x/week x 8 weeks per episode; may repeat (8–24+ visits)	Yes — each session
Cardiac rehabilitation	2–3x/week x ~12 weeks per course (24–36 visits)	Yes — each session
ER (not admitted)	Variable with CHF	Up to \$50 each

Routine specialists alone may total only **~6–10 E&M visits/year** — **under the 24-visit desk breakeven**. **One cardiac rehab course** (24–36 sessions) or **one PT episode after hospitalization** can add **\$480–\$720** in Plan N copays — **wiping the \$480/yr premium savings** before counting ER copays or pulmonology.

Part B excess charges (why Plan G still wins when visit count looks "low"): Plan **G** covers **Part B excess charges** (non-participating providers may bill up to **15% above** Medicare-approved amount). Plan **N** does **not**. In **hospital and outpatient facility** settings, patients are often billed by **anesthesiologists, radiologists, hospitalists, and other specialists they never meet**. Plan G reduces the need to interrogate every clinician: **"Do you accept Medicare assignment?"** Plan N leaves **15% excess exposure** on non-participating bills.

Why Bankers Life for Plan G? Lowest Plan G on Medicare.gov for ZIP **94102** at **\$157/mo** — Plan G benefits are identical carrier to carrier.

Why not Blue Shield Plan N @ \$117 as the lead? Valid for **healthy, low-utilization** shoppers who will **not** run rehab/PT and accept excess-charge risk — **not this husband's CHF path**.

Why not USAA Plan N @ \$111? USAA Medigap requires USAA membership (military, veteran, or eligible family). This household is **not** flagged USAA-eligible in intake — quote is **not actionable** unless membership applies.

13.2 Plan G quote table (full sort)

Monthly premium	Insurance carrier	Plan
\$157.00	Bankers Life (Washington National Insurance Company)	G
\$173.54	American Retirement Life (Cigna)	G
\$195.21	Anthem Blue Cross Life and Health	G
\$195.28	AARP Medicare Supplement — UnitedHealthcare	G
\$222.76	Humana Insurance Company	G
\$232.04	Medico Insurance Company	G
\$240.85	United World Life Insurance Company	G
\$262.23	Continental Life (Aetna)	G
\$266.85	Medico Insurance Company	G

13.3 Plan N quote table (Medicare.gov 2026-06-27)

Monthly premium	Insurance carrier	Plan
\$111.00	USAA Life Insurance Company	N
\$117.00	Blue Shield of California Life & Health	N
\$125.00	Anthem BlueCross — California	N

Monthly premium	Insurance carrier	Plan
\$137.00	State Farm Mutual Automobile Insurance Company	N
\$143.00	Bankers Life (Washington National)	N
\$147.00	AARP — UnitedHealthcare (Standard)	N
\$150.00	United American Insurance Company	N

13.4 Breakeven — premium math vs. CHF utilization (honest)

Plan N adds **up to \$20** per qualifying **E&M-coded outpatient visit** and **up to \$50** per **ER visit not resulting in admission** (waived if admitted). Both plans: you pay **Part B deductible (\$257 in 2026)** first — Plan G covers gaps after that; Plan N covers gaps **except** those copays and **except Part B excess charges**.

Premium gap (desk math): Plan G \$157 minus Plan N \$117 = \$40/month = \$480/year. Desk breakeven: \$480 ÷ \$20 = 24 E&M visits — do not misread as "24 cardiologist visits."

Scenario	Plan N copays (approx.)	vs. \$480/yr premium savings	Favors
Stable year — 4 cardio + 2 PCP + 1 pulm E&M	~\$140	Within savings	Plan N @ \$117 *(on visits alone)*

Scenario	Plan N copays (approx.)	vs. \$480/yr premium savings	Favors
+1 cardiac rehab course (30 sessions x \$20)	+\$600	Far exceeds savings	Plan G @ \$157
+1 PT episode (16 sessions x \$20)	+\$320	May exceed savings alone	Plan G
CHF year — routine 10 E&M + rehab 30 + PT 16	~\$1,120	Premium savings erased	Plan G
+2 ER not admitted x \$50	+\$100	Adds on top	Plan G
Hospital excess charges (non-participating specialists)	Variable — up to 15%	Plan N: you pay ; Plan G: covered	Plan G

NMA lead: Plan G — CHF path is defined by **rehab, PT, and facility billing**, not cardiologist frequency. Plan N table retained for **healthy, low-utilization** shoppers.

SECTION 14 — HUSBAND: PDP RECOMMENDATION & REJECTED TRAPS

14.1 Lead PDP — Humana Premier Rx S5884-178-0

Humana Premier Rx S5884-178-0: \$172.90/mo premium; **\$0 drug deductible** on Medicare.gov list; **~\$610** estimated drugs **rest of 2026**; **4/4 drugs**. Report drug spending **separately** from fixed premiums (Section

15). ~\$610/yr triggers **Section 6** prescription payment plan review.

Enroll by phone (non-members): 1-877-529-9871

14.2 PDP traps rejected for husband

Plan	Premium	Drug ded	Why not lead
HealthSpring S5617-158-0	\$0	\$615	High deductible + ~\$1,848 drugs
Wellcare S4802-163-0	\$5.70	\$615	~\$1,815 drugs

Wife on MAPD: Drug tiers live **inside** whichever MAPD she chooses — her **2-drug** list (Section 2) should be re-run separately on Plan Compare.

14.3 Drug cost spreadsheet — Humana Premier PDP (Plan Detail on file)

Critical: Use **in-network retail** or **preferred mail order** — out-of-network retail destroys totals.

Annual estimated drug cost — rest of 2026 (husband's 4 drugs)

Pharmacy / channel	Network	Eliquis	Lisinopril	Tizanidine	Trelegy	Total
Walgreens #4609	In-network retail	\$282.00	\$15.96	\$30.00	\$282.00	\$609.96
OptumRx mail (90-day)	Preferred mail*	\$282.00	\$15.96	\$30.00	\$282.00	\$609.96

Pharmacy / channel	Network	Eliquis	Lisinopril	Tizanidine	Trelegy	Total
CVS #11107	Out-of-network	\$3,956.64	\$173.64	\$1,244.64	\$5,023.68	\$10,398.60

*Mail row uses **same Plan Detail export** as Walgreens on this harvest — re-confirm **OptumRx Home Delivery** on Medicare.gov at enroll; mail order is **mandatory** to compare on every PDP/MAPD run.

Monthly drug cost — July–December 2026

Month	Walgreens #4609	OptumRx mail (90-day)	CVS #11107 (OON)
Jul–Dec (each)	\$101.66	\$101.66	\$1,733.10

Monthly line-item — Walgreens #4609 & OptumRx mail (after deductible phase on export)

Drug	Retail/mo	After ded./mo	Mail (same tiers on export)
Eliquis 5mg	\$249.21	\$47.00	\$47.00
Lisinopril 10mg	\$2.66	\$2.66	\$2.66
Tizanidine 4mg	\$19.22	\$5.00	\$5.00
Trelegy 100-62.5-25	\$670.32	\$47.00	\$47.00
Monthly total	\$941.40	\$101.66	\$101.66

Drug + premium — rest of 2026: In-network (retail or mail) **\$1,647.36** vs CVS OON **\$11,436.00**.

SECTION 15 — HUSBAND: MONTHLY COST WORKSHEET (PLAN PREMIUMS ONLY)

Rule: Part B is **universal** (stated once at the top of this report). Tables show **plan-specific premiums only** — the difference between freedom stack and MAPD.

15.1 Freedom stack (recommended — Plan G)

Line item	\$/month
Plan G — Bankers Life (Medicare.gov)	157.00
Humana Premier PDP S5884-178-0	172.90
Husband plan premiums	329.90
Estimated drugs (rest-2026 ÷ 7 mo, in-network)	~87 *(variable)*

~**\$330/month** fixed stack — plan premiums only. Drugs separate (~\$610/yr — Section 14.3).

15.1b Plan N counterfactual (why not — correct premium gap)

Line item	\$/month
Plan N — Blue Shield (lowest N on Medicare.gov)	117.00
Humana Premier PDP	172.90

Line item	\$/month
Husband plan premiums	289.90

Saves **\$40/mo** vs Plan G stack on premiums — **lost when cardiac rehab, PT, or excess charges** hit (Section 13.4).

15.2 Household snapshot (plan premiums only)

Person	Path	Plan \$/month
Husband	Freedom stack (Plan G)	329.90
Wife	Imperial MAPD (giveback)	(-35.00)
Household plan premiums (net)		~295

Add **Part B** for both (universal box), **drug copays**, and **IRMAA** if applicable (Section 18).

15.3 Counterfactual — husband on MAPD (not recommended)

\$0 MAPD premium looks attractive until **one CHF admission year** runs copays toward **MOOP** — while fighting **network rules** for the cardiologist who knows his chart. With CHF and three hospitalizations, that trade is not worth the premium savings.

SECTION 16 — HUSBAND: FREEDOM STACK vs. MAPD — WHAT YOU PAY WHEN YOU USE CARE

This is the comparison Medicare.gov's premium sort **never** shows.
 Applies to **husband only**.

16.1 Freedom stack (Original Medicare + Plan G + PDP)

When	What husband pays
Part B deductible	Once per calendar year — typically on first covered doctor visit (\$257 in 2026). Plan G does not cover this single deductible.
After Part B deductible	\$0 for Medicare-approved Part B services — Plan G covers the 20% coinsurance .
Part A hospital	\$0 — Plan G covers Part A deductible and coinsurance.
Inpatient days, specialists, tests	\$0 copays (after the one Part B deductible) with Medicare-accepting providers nationwide .
Drugs	PDP premiums + formulary copays — Section 14.3 (retail + mail order).

Bottom line: One Part B deductible per year on the medical side, then **no per-visit, per-day, or ER copays** on standardized Medicare gaps. **No gatekeeper. No MAPD MOOP fight.**

16.2 MAPD (same CHF week — illustrative, from Part II Section 9)

When	What husband would pay (examples)
ER visit	\$90–\$125 copay every time (Imperial \$125).
Inpatient admission	\$0/day on Imperial days 1–90 — but referrals, prior auth, in-network facility required. Alignment: \$50/day days 4–7.
Specialist follow-up	\$0 copay in-network on these plans — if referred and in network .
Out-of-network	Not covered (HMO) or much higher cost + higher MOOP (PPO).
Annual cap	Medical costs can accumulate toward MOOP (\$296–\$1,900 on shortlist) plus all copays along the way .

16.3 Why this matters for CHF

Intake: **three hospitalizations in two years**. MAPD markets **\$0 premium**; freedom stack markets **predictability**. For husband, the fight is **copays + network lock-in every admission** vs. **~\$330/mo** fixed premiums and **any Medicare-accepting EP cardiologist** — including, if chosen, **Mayo Clinic** (Part IV FAQ 21.2).

SECTION 17 — HUSBAND: PRIOR AUTHORIZATION (FIRST 90 DAYS)

Eliquis and **Trelegy** may trigger **prior authorization** on Humana Premier PDP even when "covered." During the first refill after enrollment, allow **2–3 weeks** for prescriber paperwork. This is normal — not a sign the wrong PDP was chosen.

Lisinopril is typically low friction. **Tizanidine** — watch fall risk with CHF; clinical issue for prescriber, not plan shopping.

PART IV — UNIFIED CONCLUSIONS & RECOMMENDATIONS

SECTION 18 — IRMAA & INCOME (~\$200K 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.

Example: Part B premiums in **2026** use **2024** joint tax return MAGI. A Roth conversion or large capital gain in 2024 can raise 2026 Medicare bills even if 2026 income is lower.

At **~\$200,000/year** household income on the **2024** return (joint), this household is likely **below** the first IRMAA tier — **standard Part B \$202.90** applies. Confirm with tax preparer; one good year can push into surcharges **two years later**.

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

At **~\$200,000** household income filing **MFJ**, both spouses likely stay at **standard Part B (\$202.90/month each in 2026)** — because **\$200,000 is below \$212,000**.

IRMAA uses **2024 MAGI** on the **joint return**. **IRMAA surcharges begin when MAGI reaches \$212,000 or more** — not at or below that line.

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
\$750,000 or more	\$692.50 (Tier 5)	\$104.10

This household (~\$200K) is under \$212K — standard Part B unless 2024 MAGI on the return was higher than intake stated. Confirm with tax preparer if near **\$212,000 or above**.

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

SECTION 19 — ENROLLMENT CALENDAR

19.1 Husband IEP (turning 65)

- **3 months before** birthday month through **3 months after** — enroll Part B + **Medigap Plan G** + PDP.
- **Do not delay Medigap** — three hospitalizations make **later underwriting** a dead end if GI is missed.

19.2 Wife (already on Medicare)

Changes typically **AEP Oct 15 – Dec 7** unless Special Enrollment Period (move, loss of coverage).

SECTION 20 — NETWORK VERIFICATION (BEFORE ANY ENROLL)

20.1 Phone script — before member ID

First call: Use the **phone number on the Medicare.gov plan page** or carrier enrollment line — callers often **will not reach member services without a member ID card** until after enrollment.

Script: "I am comparing Plan ID [number] for ZIP **94102**. Is **UCSF Health** in-network for **inpatient** admissions? Is **Dr. ■■■■■■■■** / **Dr. ■■■■■■■■** in-network for **office visits**? Please note date and representative ID."

Run for **H5496-012-0** and **H3274-005-0** if both are finalists. **Do not enroll** until both answers are yes for must-keep providers.

20.2 Carrier phones (from Medicare.gov + Plan Detail on file)

Product / plan	Phone
Medigap Plan G — Bankers Life (recommended)	800-446-5018
Medigap Plan N — Bankers Life (comparison only)	800-446-5018
Imperial H5496-012-0	1-800-838-5914 (non-members) / 1-800-838-8271 (members)
Align Senior H3274-005-0	1-844-305-3879
Humana Premier PDP S5884-178-0	1-877-529-9871 (non-members)

20.3 Hospital loyalty trap (example names)

Patients often anchor at **UCSF Health** or **Sutter / CPMC**. MAPD networks frequently favor one system. A plan strong for one may be weak for the other — Part II Section 9 numbers are useless if **Dr. ■■■■■■** is out of network.

20.4 Freedom stack for husband — assignment vs. excess charges

Medicare-accepting providers take assignment for most visits — but **hospital stacks** often include **non-participating specialists**. **Plan G** covers **Part B excess charges** (up to **15%** above Medicare-approved

amount). **Plan N does not** — you may owe the difference with no cap per visit. That is why Plan G wins for CHF **even when cardiologist visits alone stay under 24/year**.

SECTION 21 — FAQ (COUPLE)

21.1 Can we use one MAPD for both?

Couples can, but **this household should not**. Husband needs freedom stack; wife needs cheap MAPD if she changes at all.

21.2 Is ~\$330/month freedom stack worth it vs \$0 MAPD?

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.

21.3 Can husband switch from MAPD to Plan G later?

Virtually impossible for his profile. California's **Birthday Rule** helps only if the beneficiary **already holds Medigap** — it does **not** rescue someone enrolled in MAPD. Leaving MAPD for Plan G later means **medical underwriting**, and **CHF with three hospitalizations** makes approval **highly unlikely**. **Do not rely on switching**. Enroll **Medigap Plan G**

during IEP (Section 13) — Plan N is comparison only for low-visit shoppers.

21.4 Does wife need Part D if she is healthy?

If on MAPD, drugs are bundled. If on **Original Medicare only** without Supp — she **must** have PDP or creditable wrap or face **lifetime Part D penalty**.

21.5 Imperial MOOP \$296 — still verify network

Low MOOP does not help if **UCSF Health** or **Dr. ■■■■■■** fails network check on **H5496-012-0**. Numbers on Plan Detail PDF — **network first**.

21.6 California Birthday Rule — keeping MedSupp premiums in line

If you **already hold Medigap** (not MAPD-only), California gives you a **60-day window starting on your birthday each year** to switch to **equal or lesser benefits** (e.g., **Plan G → Plan G** at another carrier, or **Plan G → Plan N**) **with no health questions**. This is **unusual nationally** and **consumer-friendly**: it lets you **leave a carrier whose premiums rise faster than the market** and shop the **same letter** elsewhere — a practical tool for **keeping MedSupp premiums in line** over a 20-year retirement.

Critical limits: (1) You must **already have Medigap** — the rule does **not** rescue MAPD enrollees. (2) **No upgrade** to richer benefits during the window. (3) **Does not replace IEP** — husband turning 65 must still enroll

Plan G during **GI**; waiting for a future birthday does not create first-time Medigap rights.

21.7 What are "E&M visits" under Plan N?

E&M = evaluation and management — outpatient visits where a clinician assesses and manages your condition. On Plan N, each qualifying **office E&M visit** can trigger the **up to \$20 copay** after the Part B deductible. Examples: **PCP follow-up, cardiologist, pulmonologist, physical therapy sessions, cardiac rehab sessions** — when Medicare bills them as Part B E&M/outpatient visits. **Not** the Part B deductible itself (you pay that once per year on both plans). **Not** inpatient hospital days covered under Part A gaps. If unsure whether a visit counts, ask the billing office how Medicare will code it **before** the appointment.

21.8 Will rates on the MedSupp table change?

Yes — annually and sometimes more. Bankers Life uses **attained-age** pricing (premiums rise with age). The table is a **snapshot 2026-06-11** (Medicare.gov) + **2026-06-10** (agent tool), not a lifetime quote. Use the **California Birthday Rule** (Section 21.6) in later years if premiums outrun the market.

21.9 Does NMA enroll us?

No. Educational research. Enroll independently or hire a licensed agent.

SECTION 22 — DECISION GUIDE (PLAIN ENGLISH)

Question	Husband	Wife
Recommended path	Freedom stack (Plan G)	MAPD (if changing)
Medigap?	Plan G — Bankers Life \$157 (Plan N \$117 — CHF rehab/PT + excess charges)	No
PDP?	Humana S5884-178-0	*(inside MAPD)*
MAPD?	No	Imperial or Align Senior after network verify
Why	CHF + hospitalizations; no DVH/gym on OM (Section 9.3)	Healthy — 2-drug list; \$0 MAPD + giveback + DVH/gym
Biggest risk if wrong	Network + MOOP on MAPD	Picking plan without Dr. ■■■■■■ / hospital verify
Rx payment plan?	Yes — ~\$610/yr at Walgreens (Section 14.3)	Low use — re-run if list grows

This household paid for **interpretation** — not a Medicare.gov reprint. Request a revised run if providers, drugs, or income change before enrollment.



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 — AEP only (if changing MAPD): 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 **Bankers Life Medigap 800-446-5018** → apply for **Plan G at \$157/mo** → same month as Part B effective date. **Do not delay.** (Plan N loses on **rehab/PT + excess charges** — Section 13.4.)
- 3. Husband — PDP + Walgreens pharmacy:** medicare.gov/plan-compare → ZIP **94102** → **Humana Premier Rx S5884-178-0** → confirm **Walgreens #4609 in-network** → **Enroll, or call 1-877-529-9871.** Ask about **Prescription Payment Plan** (Section 6). Budget **~\$330/mo** plan premiums plus drugs.
- 4. Wife — network verification (before any MAPD switch):** Call **Imperial H5496-012-0 — 1-800-838-5914** and **Align Senior H3274-005-0 — 1-844-305-3879** → ask for **UCSF Health, Dr. ■■■■■■** → write **date, rep ID, yes/no.**
- 5. Wife — if shopping at AEP (Oct 15–Dec 7):**
medicare.gov/plan-compare → re-run with **her 2-drug list** → compare **H5496-012-0 vs H3274-005-0** using **Part II Section 9** after network passes.
- 6. Household file folder:** This report, Plan Detail PDFs, SSA Part B letter, Medigap + PDP confirmations, network call notes. Never **MA-only** without creditable drug wrap.