

Compass Rose Medicare Advantage cost considerations worksheet¹

Compass Rose Medicare Advantage cost considerations²

Understanding the cost differences between keeping only your High Option Compass Rose Health or enhancing your coverage with our Medicare Advantage option can be confusing. This cost considerations worksheet may help you make the best decision for your unique situation.

	Compass Rose Medicare Advantage plan 2024 potential monthly costs (with Medicare Parts A and B)
High Option Compass Rose Health Plan premium — self only	\$226.46
Standard Medicare Part B premium	\$174.70
Part B late enrollment penalty*	10% Part B premium surcharge for each 12-month period without Part B
Part D late enrollment penalty*	\$0.35 ^{***}
Part B IRMAA ^{**} — income over \$103,000*	\$69.90 ^{***}
Part D IRMAA ^{**} — income over \$103,000*	\$12.90 ^{***}
Compass Rose Medicare Advantage Part B subsidy	– \$125.00

* Refer to page 4 to determine if applicable and calculate approximate cost

** Income-related monthly adjustment amount

*** Minimum amount

Example scenarios for Compass Rose 2024 plan year monthly costs³

1 Member has been in an FEHB plan with Medicare Parts A and B since turning 65 and has income of less than \$103,000 per year.	High Option plan	Medicare Advantage plan
High Option Compass Rose Health Plan premium – self only	\$226.46	\$226.46
Medicare Part B premium	\$174.70	\$174.70
Part B late enrollment penalty	\$0	\$0
Part D late enrollment penalty	\$0	\$0
Part B IRMAA	\$0	\$0
Part D IRMAA	\$0	\$0
Compass Rose Medicare Part B subsidy	\$0	– \$125.00
Your total monthly cost	\$401.16	\$276.16
Difference	– \$125.00	


2 Member has been in an FEHB plan with Medicare Parts A and B since turning 65 and has income of over \$103,000 but less than \$129,000 per year.	High Option plan	Medicare Advantage plan
High Option Compass Rose Health Plan premium – self only	\$226.46	\$226.46
Medicare Part B premium	\$174.70	\$174.70
Part B late enrollment penalty	\$0	\$0
Part D late enrollment penalty	\$0	\$0
Part B IRMAA	\$69.90	\$69.90
Part D IRMAA	\$0	\$12.90
Compass Rose Medicare Part B subsidy	\$0	– \$125.00
Your total monthly cost	\$471.06	\$358.96
Difference	– \$112.10	

3 Member has been in an FEHB plan with Medicare Part A since turning 65 and has income of under \$103,000 but did not enroll in Medicare Part B when eligible.	High Option plan	Medicare Advantage plan
High Option Compass Rose Health Plan premium – self only	\$226.46	\$226.46
Medicare Part B premium	\$0	\$174.70
Part B late enrollment penalty – 24 months	\$0	\$52.41
Part D late enrollment penalty	\$0	\$0
Part B IRMAA	\$0	\$0
Part D IRMAA	\$0	\$0
Compass Rose Medicare Part B subsidy	\$0	– \$125.00
Your total monthly cost	\$226.46	\$328.57
Difference	\$102.11	

Complete the worksheet below to see if Compass Rose Medicare Advantage makes financial sense for you



Compass Rose 2024 plan year monthly costs

	High Option plan	Medicare Advantage plan
High Option Plan premium Self: \$226.46 Self +1: \$521.28 Self + Family: \$554.90		
Medicare Part B premium		
Part B late enrollment penalty (see page 4)		
Part D late enrollment penalty (see page 4)		
Part B IRMAA – income over \$103,000* (see page 4)		
Part D IRMAA – income over \$103,000* (see page 4)		
Compass Rose Medicare Part B subsidy		-
Your total monthly cost		
 Difference		

Clear

Late enrollment penalties



Part B

If you didn't get Part B when you were first eligible, your monthly premium may go up. In most cases, you'll have to pay this penalty each time you pay your premiums, for as long as you have Part B.

Cost: 10% of monthly Part B premium for each 12-month period you could've had Part B but didn't sign up.



Part D

If at any time after your Initial Enrollment Period is over there's a period of 63 or more days in a row when you don't have Medicare drug coverage or other creditable prescription drug coverage, then your monthly premium may go up. FEHB plans are considered creditable Part D coverage.

Cost: 1% of the "national base beneficiary premium" (\$34.70 in 2024) multiplied by the number of full, uncovered months you didn't have Part D or creditable coverage, rounded to the nearest \$0.10.

Income-related monthly adjustment amount (IRMAA)

Your Medicare premium will change based on income as follows:

Single	Joint	Part B	Part D
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0	\$0
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.90	\$12.90
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70	\$33.30
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50	\$53.80
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$384.30	\$74.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$419.30	\$81

*Part B and Part D IRMAA would be in addition to the standard Part B premium. Additional information can be found at the Centers for Medicare and Medicaid Services (at [Medicare.gov](https://www.medicare.gov)).

¹UnitedHealthcare does not assume or accept any responsibility for any actions or decisions that are taken based on the information contained in this worksheet.

²Costs listed are for illustrative purposes only. Please refer to page 4 to determine if these costs apply to you.

³These examples are for illustrative purposes only. Cost considerations will vary based on individual circumstances, and UnitedHealthcare encourages you to consider your needs and other sources of information when selecting a health plan.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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