

How Atlantic Hyundai's Medicare-Eligible Employees Saved Thousands — While the Group Saved 12%

A case study in helping employer groups transition Medicare-eligible employees off the company plan the right way

27	12%	\$0
employees over 65 transitioned off the group medical plan	reduction in the group's overall premium	cost to the employer to offer this benefit

The situation

Atlantic Hyundai, like many employers, had a group of long-tenured employees who'd stayed on the company medical plan well past age 65 — some out of habit, some because nobody had ever laid out what Medicare would actually look like for them. Those employees were paying group-plan premiums that, for most people over 65, run higher than what Medicare plus a supplement or Advantage plan would cost. At the same time, an older group of employees on the plan pushes up the company's overall risk profile and renewal pricing.

Neither side had a clear picture of the alternative. That's the gap we closed.

What we did

We worked directly with HR to identify every Medicare-eligible employee on the group plan, then met with each of them individually to build a side-by-side comparison of their current group premium against their real Medicare options — Medicare Advantage and Medigap plus Part D — using the same kind of plain-English, numbers-first format shown in our standard premium comparison. No group seminar pitch, no generic mailer. Every employee saw their own numbers, their own doctors checked against plan networks, and an honest answer about which path fit their health and budget best.

For employees choosing Medicare Advantage, that meant walking through \$0-premium options with dental, vision, and hearing built in. For those who valued predictable, capped out-of-pocket costs over the lowest possible monthly premium, that meant a Medigap Plan G comparison instead. Every employee made their own choice — our job was making sure it was an informed one.

The results

Twenty-seven employees moved from the company's group medical plan to individual Medicare coverage. Most saved literally thousands of dollars a year in premium alone, and many gained benefits — routine dental, vision, and hearing coverage in particular — that their group plan never offered. On the employer side, removing 27 older, higher-cost lives from the group's risk pool brought the company's overall group premium down 12% at renewal.

That's the part that often gets missed in conversations about Medicare and group coverage: this isn't a trade-off between what's good for the employee and what's good for the company. Done right, it's a win on both sides — employees end up with coverage that fits them better at a lower cost, and the company's risk pool gets healthier along with its renewal number.

Why it worked

The difference wasn't a special plan or a hidden discount — it was doing this the way it's supposed to be done: one employee at a time, with real numbers, no pressure to choose a particular plan, and coordination with HR and payroll on how the company's contribution would apply under each path. Employees trust a recommendation more when they can see exactly why it makes sense for them, not just a company-wide announcement telling them to switch.

Have Medicare-eligible employees still on your group plan? We'll run the same no-cost analysis for your group — a clear picture of what your employees could save, and what it could mean for your renewal, before anyone commits to anything.

This case study is for educational and illustrative purposes only. Figures reflect one employer group's specific plan rates, employee elections, and renewal outcome, and are not a guarantee of savings, enrollment, or results for any other group. Individual results vary based on current coverage, health, income, and plan availability by county and year. The Modern Medicare Agency is not connected with or endorsed by the U.S. government or the federal Medicare program, and does not offer every plan available in your area.

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