

# Clarifying Medicare



# Today's Agenda

- **WHAT IS MEDICARE?**
- **PART A AND PART B OVERVIEW**
- **MEDICARE PART A**
- **MEDICARE PART B**
- **MEDICARE ADVANTAGE PLANS (PART C)**
- **MEDICARE PRESCRIPTION DRUG PLANS (PART D)**
- **MEDICARE SUPPLEMENT INSURANCE PLANS**
- **ENROLLMENT PERIOD**



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# What Is Medicare?

- **Medicare is a federal health insurance program for people age 65 years old and over, for people under the age of 65 with certain disabilities, for people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes referred to as ERSD) and legal residents for 5 consecutive years. Since 1965, it has helped millions of Americans pay for many of the health care services they need. You most likely have paid into this program through Social Security .**
- **Government sponsored Medicare consists of two Parts: Part A and Part B. Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care. Part B covers certain doctor's services, outpatient care, medical supplies and preventive services. More on these in detail to follow.**



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# What Is Medicare?

- **Medicare will not, however, pay for all of your medical expenses. As good as Medicare is, it will not cover everything. When facing a major medical condition or procedure, the Medicare beneficiary could be responsible for tens of thousands of medical bills associated with the medical condition or procedure received.**
- **To address this potential financial hardship, the Government and private insurance carriers developed a third, fourth and fifth component to be available to Medicare Beneficiaries to off-set the potential catastrophic financial liabilities for medical services offered through Original Medicare. These new components are known as Part C, Part D and Medicare Supplement Plans. These will be discussed in detail later in this presentation.**



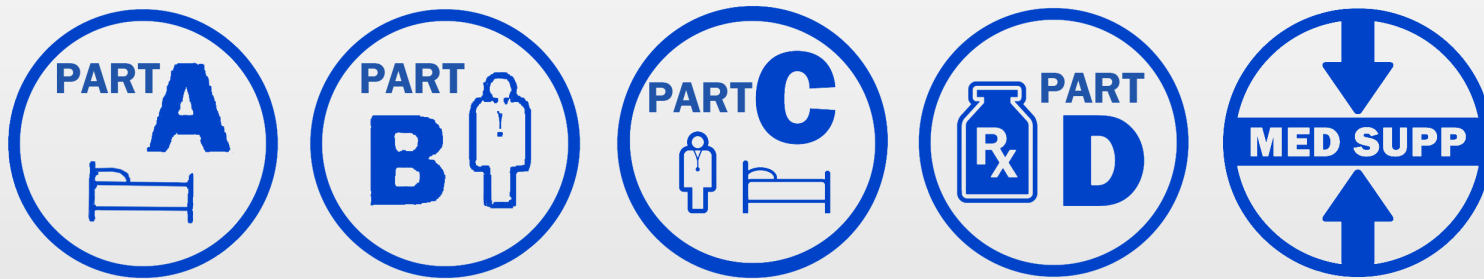
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# Coverage Options



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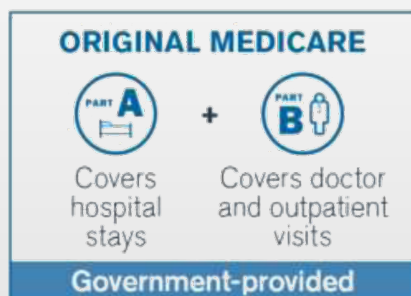
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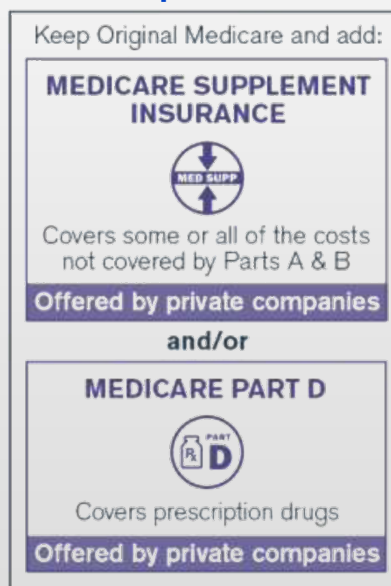
# Medicare Choices

**Step1: Enroll In Original Medicare**  
When you become eligible.



**Step2: If you need more coverage, you have choices**

**Option 1**



**Option 2**



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# Original Medicare



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# Original Medicare (Parts A and B)

**MEDICARE HEALTH INSURANCE**

**1-800-MEDICARE (1-800-633-4227)**

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER  
**XXXX-XXX-XXXX**

SEX  
**FEMALE**

IS ENTITLED TO  
**HOSPITAL MEDICAL**

(PART A)  
(PART B)

EFFECTIVE DATE  
**07-01-1986**  
**07-01-1986**

SIGN HERE → Jane Doe

1. Carry your card with you when you are away from home.  
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare.  
3. Your card is good whenever you live in the United States.

WARNING: Please only be sure of the correct beneficiary, otherwise misuse of the card is without and will make the sponsor liable in penalty. If found, any amount is \$1,000 fine.

**CMS**  
Centers for Medicare & Medicaid Services  
Baltimore, MD 21245-6502  
Fax: (410) 781-9122

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227) or visit us at [www.medicare.gov](http://www.medicare.gov)

TTY: (800) 1-877-486-2048

**I DO NOT WANT MEDICAL INSURANCE** ☐ Check Here

Write Signature (or Legal Representative)

SIGN HERE

Signature by Marri (X) Must Be Witnessed

Signature (or witness)

Address of Witness

If you DO NOT want Medical Insurance

1. Check the box above (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.

2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.



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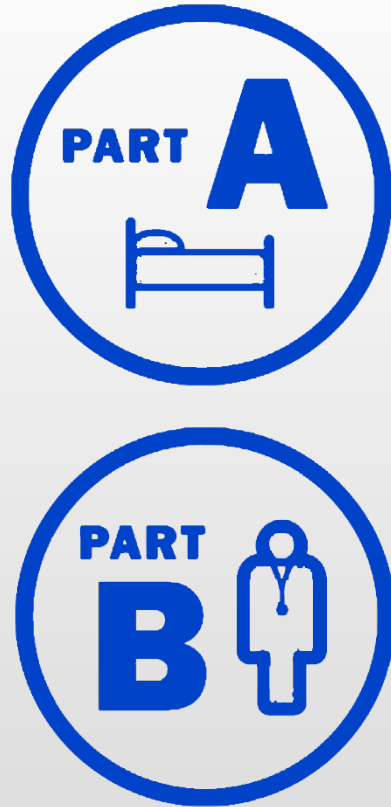
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# Original Medicare?



These are called  
“Original Medicare”

They are administered  
and provided by the  
Federal government.



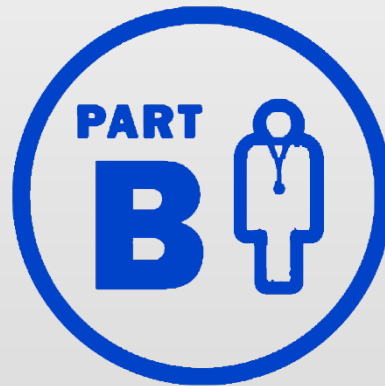
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# Original Medicare?



## Medicare is health Insurance for:

- People 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)
- Legal resident for 5 consecutive years



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# What is Covered?



**Covers hospitalization.**



**Covers medical services.**

Like doctor visits.



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# Part A Coverage



## What Does Part A Cover?

- Inpatient Care in a Hospital/Long Term Care Hospital Services
- Skilled Nursing Facility Care
- Inpatient Care in a Skilled Nursing Facility
- Hospice Care
- Home Health Care



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# Part A Costs

## Premium-Free Part A

You usually don't pay a monthly Premium for Medicare Part A (Hospital Insurance) coverage if you or your spouse paid Medicare taxes for a certain amount of time while working. This is sometimes called "Premium-Free Part A."

## Part A Premiums

If you don't qualify for Premium-Free Part A, you can buy Part A.

If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is \$471. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is \$259.

Contact Social Security for more information about the Part A Premium.



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# Your Part A costs for Services Original Medicare

## **Inpatient Hospitalization/Long Term Care Hospital Services\***

- \$1,408 Deductible for each Benefit period.
- Days 1–60: \$0 Coinsurance for each benefit period.
- Days 61–90: \$352 coinsurance per day of each benefit period.
- Days 91 and beyond: \$704 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
- Beyond Lifetime reserve days: all costs.

## **Skilled Nursing Facility**

- Days 1–20: \$0 for each Benefit period .
- Days 21–100: \$185.50 Coinsurance per day of each benefit period.
- Days 101 and beyond: all costs.

## **Hospice Care**

- \$0

## **Home Health Care**

- \$0 for home health care services
- 20% of Medicare approved Durable Medical Equipment

\*LTCHS specialize in treating patients that are hospitalized for more than 25 days. Patients may include people who've used ventilators for an extended period of time, or experience a severe wound or head injury.



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# What Does Part B Cover?

## **Medically Necessary Services:**

Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.

**Preventive Services:** Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

You pay nothing for most preventive services if you get the services from a health care provider who accepts Medicare.

## **Part B Covers Things Like:**

Clinical research

Ambulance services

Durable medical equipment (DME)

Inpatient / Outpatient / Mental health

Partial hospitalization

Limited outpatient prescription drugs



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# Part B Costs

## Part B premium

The standard Part B premium amount in 2024 is \$174.70. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

If your yearly income in 2022 (for what you pay in 2024) was		You pay each month (in 2024)
File individual tax return	File joint tax return	
\$103,000 or less	\$206,000 or less	\$174.70
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	\$244.60
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	\$349.40
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	\$454.20
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	\$559.00
\$500,000 or above	\$750,000 or above	\$594.00



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# Part B Deductible & Coinsurance

**In 2021, you will pay \$203 for your Part B Deductible. After you meet your deductible for the year, you typically pay 20% of the Medicare-approved amount for these:**

- **Most doctor services**  
(including most doctor services while you're a hospital inpatient)
- **Outpatient therapy**
- **Durable medical equipment (DME)**



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# Part B Late Enrollment Penalty

If you didn't get Part B when you're first eligible, your monthly premium may go up 10% for each 12-month period you could've had Part B, but didn't sign 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. And, the penalty increases the longer you go without Part B coverage.

Usually, you don't pay a late enrollment penalty if you meet certain conditions that allow you to sign up for Part B during a Special Enrollment Period.



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# What's Not Covered by Part A & Part B?

**Medicare doesn't cover everything.**

**Some of the items and services Medicare doesn't cover include:**

- Long-term care (also called Custodial Care)
- Most dental care
- Eye exams related to prescribing glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care



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# Additional Information Resources:

## Visit:

[Medicare.gov](https://www.Medicare.gov)

## Call:

1-800-Medicare (1-800-633-4227)

TTY 1-877-486-2048, 24 hours a day, 7 days a week

Call your state Health Insurance Assistance Program (SHIP) to see if you qualify for financial assistance



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# Medicare Advantage Plans



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# Fast Facts



## Medicare Advantage Plans

- Combine Part A and Part B and, in many cases, include prescription drug coverage.
- Offered by private insurance companies.
- Often includes additional benefits like routine vision care, hearing care, dental, wellness services and nurse phone line support.



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# Eligibility for Part C



- Must be enrolled Medicare Parts A and B
- Must live in plan service area
- Eligibility is not affected by health or financial status
- Must not have end-stage renal disease (ESRD)\*

\* There are special rules for ESRD. People with ESRD may be able to join a Medicare Special Needs Plan (SNP) if one is available in their area.



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# Fast Facts



## Costs

- Plan premiums and terms can change from year to year
- Must continue to pay your Part B monthly premium

## Coverage

- Convenience of one single plan
- Many plans include prescription drug coverage (Part D)
- Coverage is often limited to a service area – unless it's an emergency
- May be required to see doctors and hospitals that are included in the plan's network
- May offer additional benefits not covered by Medicare, like dental, vision, and hearing



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# Types of Part C Plans



## Coordinated Care Plans

- Health Maintenance Organization (HMO) plans
- Preferred Provider Organization (PPO) plans
- Special Needs Plans (SNP)
- Health Maintenance Organization Point of Service (HMO-POS) plans

## Other Plans

- Private Fee-For-Services (PFFS) plans
- Medicare Savings Account (MSA) plans



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# Critical Medicare Advantage Plan Points

- MUST CONTINUE TO PAY PART B PREMIUM
- JOINING A MEDICARE ADVANTAGE PLAN MIGHT AFFECT YOUR CURRENT COVERAGE
- USE NETWORK PROVIDERS-EXCEPT IN AN EMERGENCY
- YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE
- PART D LATE ENROLLMENT PENALTY MAY APPLY
- MEDICARE SUPPLEMENT PLANS ARE NOT MEDICARE ADVANTAGE PLANS
- YOU MUST USE YOUR MEMBER ID
- MEDICARE ADVANTAGE PROTECTIONS
- MEDICARE ADVANTAGE HAS YOU COVERED
- MEDICARE ADVANTAGE INCLUDES A BUILT-IN FINANCIAL SAFETY NET



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# Prescription Drug Plans



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# Part D Coverage



Helps with the cost of prescription drugs

- Only offered through private insurance companies
- You must continue to pay your Part B premium



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# Part D Costs

## Part D premium

You pay a premium each month for Part D determined by your 2022 income.  
The standard Part D premium amount in 2024 is your plan premium:

File an Individual Tax Return	File a Joint Tax Return	Part D Premium
\$103,000 or less	\$206,000 or less	Your plan premium
\$103,001 to \$129,000	\$206,001 to \$258,000	\$12.90 + your plan premium
\$129,001 to \$161,000	\$258,001 to \$322,000	\$33.30 + your plan premium
\$161,001 to \$193,000	\$322,001 to \$386,000	\$53.80 + your plan premium
\$193,001 to \$500,000	\$386,001 to \$750,000	\$74.20 + your plan premium
Above \$500,000	Above \$750,000	\$81.00 + your plan premium



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# Part D Fast Facts



## Costs

- Prescription drug coverage varies from plan to plan
- Catastrophic coverage protects you from very high drug costs
- Benefits can change each year

## Coverage

- Each plan has a list of drugs that it covers called a formulary
- Make sure your drugs are covered before you enroll in a plan
- The list of drugs can change each year

## Enrollment

- Coverage is not automatic
- Penalties may apply if you enroll late



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# Part D Formulary

**Formulary:** A list of drugs that the insurance plan covers.

Many drug plans have a tiered formulary.

That means the plan divides drugs into groups called “tiers.”

Generally, the lower the tier, the lower your copay.

Formulary	Tiered Formulary
	.....Tier 5 (\$\$\$\$\$)
	.....Tier 4 (\$\$\$\$)
	.....Tier 3 (\$\$\$)
	.....Tier 2 (\$\$)
	.....Tier 1 (\$)



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# Important Formulary Terms

## **TIERED FORMULARY:**

Tier 1: Preferred generic drugs

Tier 2: Generic Drugs

Tier 3: Preferred brand name drugs

Tier 4: Non-preferred drugs

Tier 5: Specialty drugs

**STEP THERAPY**

**FORMULARY EXCEPTION**

**UTILIZATION EXCEPTION**

**QUANTITY LIMITS**

**PRIOR AUTHORIZATION**



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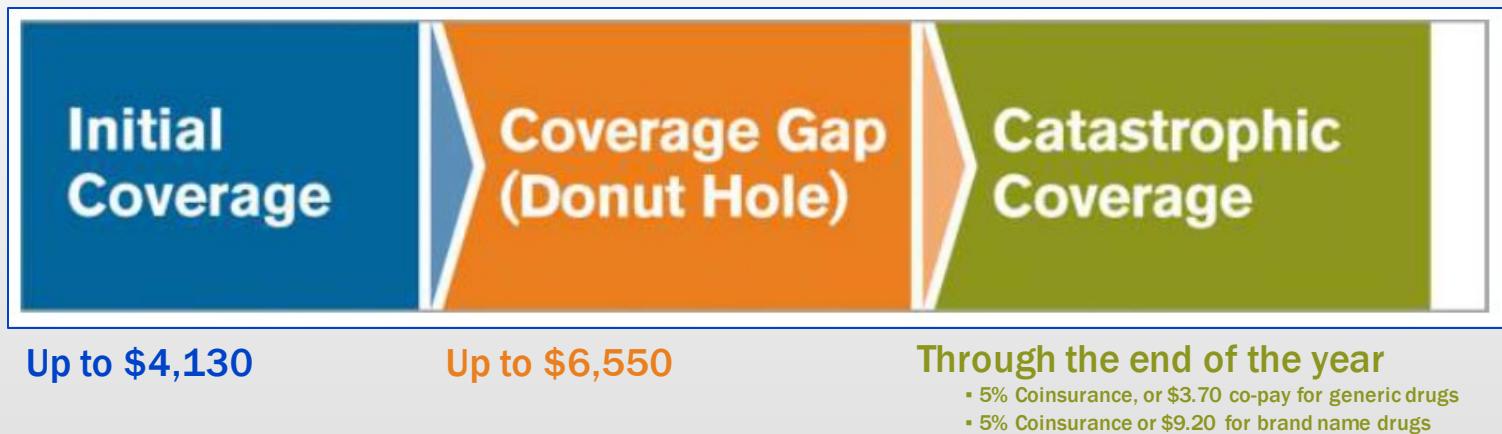
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# Understanding Drug Coverage Stages

If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage.



**Note:** On January 1 of each year, the coverage cycle starts over and the dollar limits can change. Amounts listed above reflect the 2021 plan year



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# Medicare Supplement Insurance Plans



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# Medicare Supplement Insurance Plans



- Helps cover some of what Medicare parts A and B don't cover, - such as coinsurance, copayments and deductibles
- Offered by private insurance companies
- Plans are named: A, B, C, D, G, K, L, M, N
- Benefits vary by plan
- Generally, the more comprehensive the coverage, the higher the premium
- Generally, do not cover prescription drugs and a separate prescription drug plan will need to be purchased.



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# Medicare Supplement Insurance Plans



## Eligibility

- Generally must be enrolled in Medicare Parts A and B
- Residents of the state in which you are applying for coverage
- Age 65+ (or under age 65 with certain disabilities in some states)
- People of any age with end-stage renal disease
- Legal residents for 5 consecutive years



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# Medicare Supplement Fast Facts



## Costs

- Generally helps with some of the out-of-pocket costs not paid by Medicare
- Premiums vary based on the plan and insurance carrier

## Enrollment

- Guaranteed right to enroll during Initial Enrollment Period (IEP)
- This period begins the first day of the month that you are enrolled in Medicare Part B and in most states, it lasts for six months
- Coverage can be denied if you enroll late



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# Medicare Supplement Fast Facts



## Coverage

- Goes with you anywhere in the U.S.
- Guaranteed to continue as long as you pay your premium on time and have not made any material misrepresentation on your application for insurance.

## Prescription Drug Plan

- Unless covered by other credible drug coverage plan, you must enroll in a separate prescription drug plan.



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# Enrollment Period

**Question:**

**When Can  
I enroll?**



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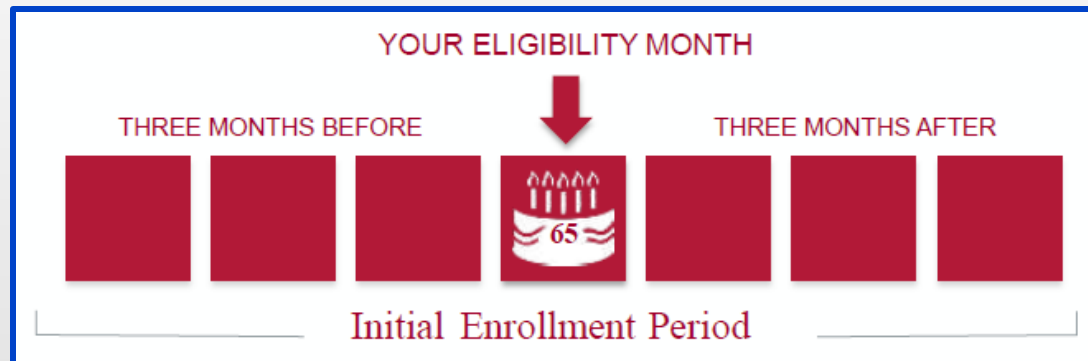
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# Parts A and B

## When can I first enroll?

- The three months before your 65<sup>th</sup> birthday, the month of, and the three months after
- Enrollment in Part A is automatic if you are already receiving Social Security Benefits



## What if I'm late?

- For Part A, usually no penalties (unless you didn't pay enough into Social Security)
- For Part B, premiums will be high after the Initial Enrollment Period (unless you qualify for an exception)



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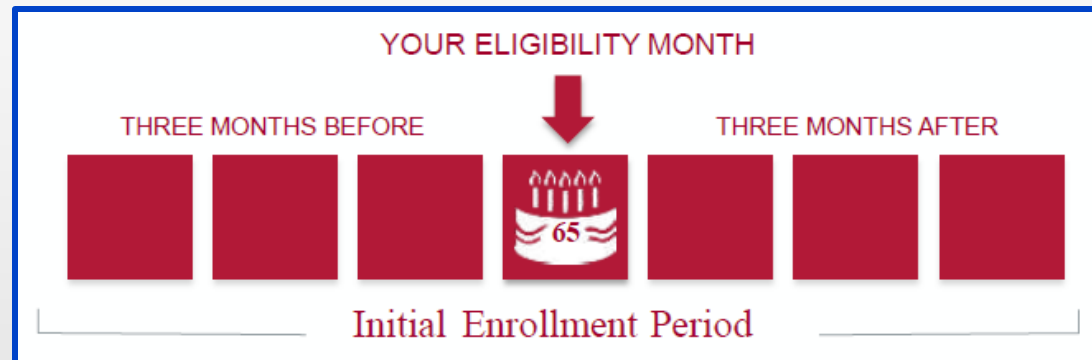
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# Parts C and D

## When can I first enroll?



## What if I'm late?

- Wait until the Annual Enrollment Period (AEP), Oct. 15 - Dec. 7 or qualify for a Special Election Period (SEP)



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# What If I Work Past Age 65?

## **If working past age 65:**

- May enroll in Medicare Parts A and B
- Recommend talking to your benefit administrator
- Keep records of your health insurance coverage

## **Retiring after 65:**

- When retiring, you're eligible for a Special Enrollment Period
- Allows for 63 days after employer-sponsored coverage ends to enroll in a Medicare plan without penalty – best to sign up before you retire to avoid a lapse in coverage



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# Enrollment Period

**Question:**

**What are my  
next steps?**



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# 8 Steps

- 1 Review enrollment periods**
- 2 Research your options**
- 3 Ask questions**
- 4 Get answers**
- 5 Find financial help**
- 6 Enroll**
- 7 Yearly review**
- 8 Speak with an insurance agent specializing in Medicare Advantage Plans, Prescriptions Drug Plans, and Medicare Supplement Insurance Plans**



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