



Managing Medicare

Understanding your options

*A Presentation Using Information Provided by the
Centers for Medicare & Medicaid Services**

**not affiliated or endorsed by the federal government or the Medicare program*

Top Medicare questions

1. Who is **eligible** for Medicare?
2. What are my **coverage options**?
3. When can I **enroll**?
4. What are my **next steps**?
5. Once I am covered by Medicare, **how could I save money**?
6. Where can I find **more information**?

Who is eligible for Medicare?

Question 1:

Original Medicare (Parts A and B)



65 years old



U.S. citizen and resident
(at least five consecutive years)



Special situation
For example, people
of any age with end-
stage renal disease
(ESRD) or amyotrophic
lateral sclerosis (ALS)

Original Medicare (Parts A and B)

Front



Back

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 wherever you live in the United States.

WARNING: Beware of use of the named beneficiary. The beneficiary of this card is entitled and will make the offender liable to pay if used, except in cases of U.S. Military.

CMS
Centers for Medicare & Medicaid Services
Baltimore, MD 21244-1650
Form 2045-100-01 (2004)

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

I DO NOT WANT MEDICAL INSURANCE ☐ Check Here

Written Signature (or Legal Representative)	
SIGN	HE-DE
Signature by Mark (X) Must Be Witnessed	
Signature of 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.

What are my coverage options?

Question 2:

Medicare Coverage Options

Part
A

Part
B

Part
C

Part
D

Med
Supp

Original Medicare

Part A (Hospital Insurance)

- Inpatient Hospital Care
- Skilled nursing services
- Inpatient mental health care
- Hospice care
- Some blood transfusions

Part B (Doctor & Outpatient Visits)

- Outpatient hospital services
- Physician services
- Ambulance
- Laboratory Services
- Durable Medical Equipment
- Outpatient occupational, physical, and speech-language therapy
- Some preventive care

Enrollment, Costs, and Coverage

▶ Part A

- ▶ Cannot be denied coverage due to medical history or pre-existing conditions
- ▶ No monthly premium for most people
- ▶ Responsible only for the deductible for a hospital stay less than 60 days
- ▶ Hospital stays longer than 60 days require a daily copay
- ▶ Multiple stays = Multiple deductibles
- ▶ You can be treated anywhere that accepts new Medicare patients
- ▶ International hospital care not typically covered

▶ Part B

- ▶ Cannot be denied coverage due to medical history or pre-existing conditions
- ▶ 20% co-insurance of Medicare-approved costs
- ▶ No maximum out-of-pocket
- ▶ Monthly premium determined by income
- ▶ Premiums may rise if you join after initial enrollment period

What's Not Covered

- ▶ Part A and B premiums, deductibles, and coinsurance
- ▶ Part B excess charges (charges above what Medicare agrees to pay)
- ▶ Prescription Drug Coverage
- ▶ Additional benefits, like hearing and dental

Part C: Medicare Advantage

Part C

- Combines Parts A & B
- Can also include Prescription Drug Coverage
- Offered by private companies
- Can also include vision, hearing, and wellness services
- HMO, PPO, SNP, HMO-POS, PFFS, and MSA plans available

Eligibility, Costs, and Coverage

- ▶ Must be enrolled in Medicare Parts A and B
- ▶ Plans offered by service area
- ▶ Cannot be ineligible because of health or financial status
- ▶ Cannot have end-stage renal disease (ESRD)
 - ▶ Special rules apply for those with ESRD
 - ▶ Some may be able to join an SNP plan if one is in their service area
- ▶ Plans and premiums change annually
- ▶ Your Part B premium must continue to be paid
- ▶ Many plans include Medicare Part D (Prescription Drug Coverage)
- ▶ Coverage is frequently limited to service area
- ▶ Must see doctors and receive treatment in hospitals that are considered in-network
- ▶ Can also include preventive, vision, and dental care

Part D: Prescription Drug Coverage

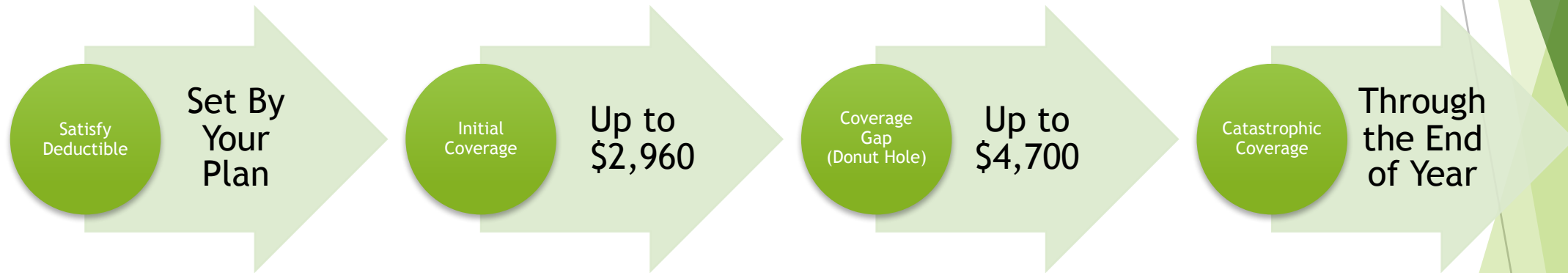
Part D

- Assists with the costs of prescription drugs
- Offered through private insurance companies
- Part B premium must continue to be paid

Enrollment, Costs, and Coverage

- ▶ Must enroll; coverage not automatic
- ▶ Penalties will apply for late enrollment
- ▶ Prescription Drug coverage costs vary from plan to plan
- ▶ Benefits change each year
- ▶ Catastrophic coverage offers protection from high drug costs
- ▶ Each plan has a list of covered prescription drugs
- ▶ The list changes each year
- ▶ Be sure to verify your prescriptions are covered before you enroll in a plan
- ▶ Most drug plans have the drugs they cover organized into tiers, which are groups of drugs divided by cost. The higher-tier is higher cost, down to low

Drug Coverage Stages



Coverage cycle starts over each January 1st; Dollar limits subject to change

Example

This example shows the cost share amounts for a the separate stages considering a total of \$11,400 without coverage.

Total Drug Costs with No Part D Plan	\$11,400
Annual Premium for Part D Plan (\$27.50 x 12 months)	\$330
Initial Coverage (patient share)	\$720
Coverage Gap (patient share)	\$3,980
Catastrophic Coverage (patient share)	\$236
Total Out-of-Pocket	\$5,266

Standardized Medicare Supplement Plans

Med Supp

- Offered by private companies
- Helps cover what Parts A & B do not- deductibles, coinsurance, and copayments
- Benefits differ by plan
- Premiums increase with higher coverage
- Plans Offered are A,B,C,D,F,G,K,L,M,N, and High Deductible Plan F

Eligibility, Enrollment, Costs, and Coverage

- ▶ Must be enrolled in Medicare Parts A & B
- ▶ Must be a resident of the state where you are applying for coverage
- ▶ Must be age 65 or greater unless you have certain disabilities that qualify you for earlier coverage in your state
- ▶ Any age if you have End Stage Renal Disease (ESRD)
- ▶ Covers some out-of-pocket costs not paid by Medicare
- ▶ Premiums adjusted by plan and carrier
- ▶ Guaranteed issue during Open Enrollment Period; Period begins 1st day of the month that you are enrolled in Medicare Part B and in most states lasts 6 months
- ▶ You can be denied coverage if you enroll late
- ▶ Coverage spans across U.S.
- ▶ Guaranteed to continue as long as your premiums are current and you have not made any misrepresentations on your application

Step 1: Enroll in Original Medicare when Eligible

Part A

Part B

Step 2: Choose More Coverage if Needed

Option 1:
Medicare Supplement
with/without Medicare Part D

Option 2:
Medicare Part C (Medicare
Advantage) Combines Parts A,B,
and many times D plus additional
benefits

When can I enroll?

Question 3:

Part A and B

When can I first enroll?

- The three months before your 65th 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 higher after the Initial Enrollment Period (unless you qualify for an exception)

Part C and D

When can I first enroll?



What if I'm late?

Wait until the Open Enrollment Period (OEP), October 15- December 7th.

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 advisor
- Keep records of your health insurance coverage

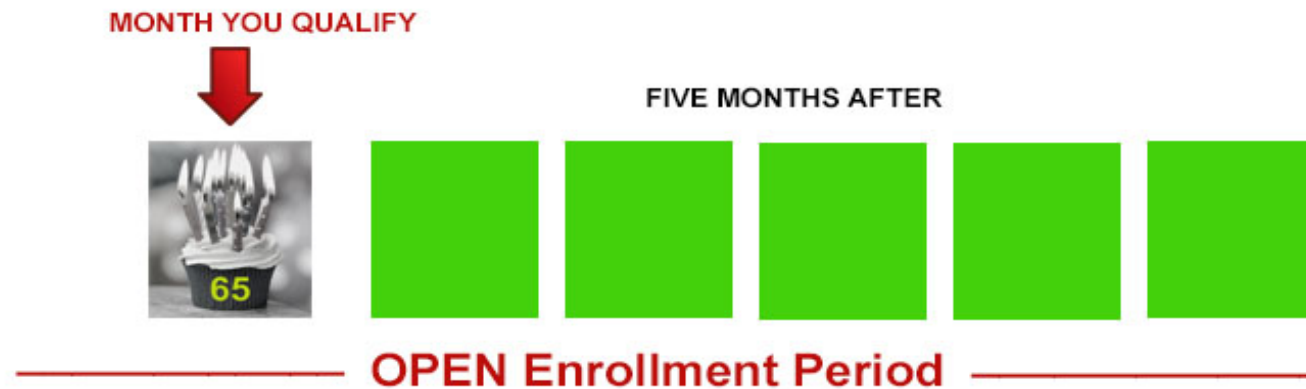
Retiring after 65?

- When retiring, you're eligible for Special Enrollment Period
- Allow 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 lapse in coverage.

Medicare supplement insurance plans

When can I first enroll?

Your state may have a six-month guaranteed window that starts when you turn 65 and enroll in Part B.



What if I'm late?

You can apply later but may be charged a higher premium due to existing health problems, or rejected depending on your health history.

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

What are my next steps?

Question 4:



- 1) Review the enrollment periods
- 2) Review your options
- 3) Ask questions & get answers
- 4) Research financial assistance options
- 5) Enroll
- 6) Participate in the yearly review

How can I save money once I'm covered by Medicare?

Question 5:



Use Your Benefits!

- ▶ Participate in preventive services
- ▶ Stay in-network
- ▶ Know your “extra benefits” beyond Original Medicare



Review Your Options: Questions to Ask Yourself Annually

- ▶ Have my finances changed?
- ▶ Has my health changed?
- ▶ Have I moved?
- ▶ Will I be out of my hometown for a long period within the next year?
- ▶ How often and how far do I typically travel?
- ▶ Are my doctors and hospital of choice in-network?
- ▶ Are my prescriptions covered?
- ▶ Does my coverage offer additional benefits like dental care, hearing aids, or a gym membership?

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Where can I get more information?

Question 6:



- ▶ Contact your insurance agent
- ▶ Visit www.medicare.gov
- ▶ Call 1-800-MEDICARE (1-800-633-4227)
TTY 1-877-486-2048 Open 24 hours/7 days
- ▶ Call your SHIP (State Health Insurance Assistance Program) to see if you are eligible for any financial assistance

Questions?

Thank You for Attending!