MEDICARE 101

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A) 03-01-2016
MEDICAL (PART B) 03-01-2016

Coverage starts/Cobertura empieza

SAMPLE
YOUR MEDICARE PLAN CHOICES

Part A
Hospital Insurance

and/or

Part B
Medical Insurance

“Original Medicare”

You can add one or both

Medicare Supplement/ Medigap Policy
Must have A and B

Part D
Prescription Drug Plan
(PDP)
Can have A or B

Part C
Combines Part A and Part B and usually Part D

Social Security Administration
1 888 487-1050

“Advantage Plan” or “Medicare Health Plan”
MEDICARE
PART A
HOSPITAL COVERAGE
PART A: HOSPITAL- INPATIENT

You Pay:

- $1,408 deductible per benefit period of 60 days
- $352 per day for day 61-90 & $704 through 90 days up to lifetime reserve of 60 days
- Formal Admission vs. Under Observation
PART A: SKILLED NURSING HOME

You Pay:

• $0 for the first 20 days of each benefit period
• $176.00 per day for days 21-100
• No coverage after 101 days as Medicare is **NOT** Long-term Care
PART A: HOSPICE

You Pay:

• A co-payment of up to $5 per prescription for pain management
• 5% Medicare-approved respite
PART A & B: BLOOD

You Pay:

• Medicare does not pay for the first three pints
PART A & B: HOME HEALTH CARE

You Pay:

• $0 for homecare services
• 20% of Medicare-approved amount for durable medical equipment
• Durable medical equipment loan closets
MEDICARE
PART B
DOCTOR COVERAGE
PART B PREMIUMS/DEDUCTIBLES

You Pay:

- $144.60 for monthly premiums
- $198.00 deductible per year
PART B: DOCTORS

You Pay:

• 20% of Medicare-approved amount

3 Doctor Types:

• **Assignment**: Accepts Medicare and it pays
• **Non-Assignment**: Accepts Medicare but not what it pays; charge 15% more
• **Non-Medicare**: Does not accept Medicare; you will pay 100% for doctor’s services
PART B: LABORATORY SERVICES

You Pay:

• $0 for Medicare-approved services
PART B: OTHER COVERED SERVICES

X-Ray, MRI, ambulance, durable medical equipment, Part B drugs

You Pay:

• 20% copayment
PART B: OUTPATIENT HOSPITAL SERVICES

You Pay:

• 20% of the Medicare-approved amount for doctor/health care provider

• Copayment to the hospital for each service (except some preventive services)

Note: you can probably save money by having same service(s) done in doctor’s office instead, if that’s an option
MEDIGAP/SUPPLEMENT POLICY with Original Medicare
A Medigap/Supplement policy:

- An insurance plan that helps pay for out-of-pocket Medicare costs

- These plans are identified by letters A through N and are standardized to offer the same benefits

- Do not confuse Medicare Part A & B with Medigap Plan A & B

- All same-letter plans have the same basic benefits
  - Plan G is a G no matter whom you purchase it from
  - Same-letter plans vary in cost

- You **MUST** have original Medicare Part A & B

- You cannot also have a Medicare Advantage Plan

- Supplements cover one person. Spouses must buy a separate policy

- You cannot buy plans C, F and F* after 1/1/20
### Medicare Supplement Insurance (Medigap) plans

<table>
<thead>
<tr>
<th>Benefits</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F*</th>
<th>G</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Medicare Part B coinsurance or copayment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Blood (first 3 pints)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Part A hospice care coinsurance or copayment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Skilled nursing facility care coinsurance</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Part A deductible</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>50%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Part B deductible</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Part B excess charges</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Foreign travel emergency (up to plan limits)</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>

**Out-of-pocket limit in 2019**

$5,560 $2,780

* Plan F also offers a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of $2,300 in 2019 before your policy pays anything.

** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don’t result in an inpatient admission.

*** After you meet your out-of-pocket yearly limit and your yearly Part B Deductible ($185 in 2019), the Medigap plan pays 100% of covered services for the rest of the calendar year.

[goMedigap]
Open Enrollment:

- **6-month** period beginning when you start Part B
  - Usually starts when you turn 65
- If you have *creditable* coverage, the 6 months begin when your current coverage ends and your Part B starts.
  - During this 6 months, you have a “guaranteed issue right”, meaning they do not look at pre-existing conditions (except for Plans G and N)
  - After open enrollment, they may charge you more or not insure you at all
  - If you switch from a Medigap to an Advantage Plan, you can try it out; if you want to switch back to your Medigap you must do so within 1 year.
MEDIGAP/SUPPLEMENT POLICY
ENROLLMENT

How to enroll:

• You must purchase a Medigap plan through an insurance agent. Try to see an independent agent.
• The booklet provided is from the State Commissioner of Insurances in MT
  – Gives estimated annual costs for each plan and companies who provide them. Call phone number on last page for information.

Cost:

• Same-letter plans vary in cost depending on company
• 2019 out-of-pocket limits for K and L are $5,560 and $2,780
• Annual plan premiums change based on your age
• Cheapest plan (K) is $41/month for age 65
• High-deductible Plan F is only $29/month for age 65
MEDIGAP/SUPPLEMENT POLICY

What’s not covered:

• Medication costs (which are only covered by Medicare Part D – see next page)

• Monthly Medicare Part B premium of $144.60/month

• Most vision, dental or hearing services, including hearing aids, dentures, and eyeglasses (which are covered by some in-house member plans or the more expensive of the Medicare Advantage Plans)
MEDICARE PART D
with Original Medicare

PRESCRIPTION MEDICATION
COVERAGE
PART D DRUG COVERAGE

You Pay

- Monthly **Premiums**:  
  - Premiums will vary depending on your medications and what insurance company you choose (cheapest is $13.20/month)

- Medication **Co-Pays or co-insurances**:
  - You may pay part of the cost of your prescriptions
  - The **Donut Hole is Gone**, enrollees pay 25% of drug costs after meeting their deductible until they reach catastrophic coverage, $4020.00 to $6350.00

- **Deductibles**:
  - Some Medicare Part D plans have deductibles to meet before the plan starts covering the cost when you fill your medications
PART D DRUG COVERAGE

Choosing a Plan:

• You need to choose your drug plan carefully. Make sure your plan covers all of your drugs.

• When you enroll in Part B you MUST get enrolled in a Part D (unless you have creditable coverage) to:
  – avoid a penalty of 1% of the premium per month for every month that you do not have a policy.
  – This penalty is added to your Part D premium every month for life!
MEDICARE PART C

ADVANTAGE PLANS/MEDICARE HEALTH PLANS
• **What Is Part C:**

A Medicare Advantage (MA) Plan (Medicare Health Plan): is a choice offered by private insurance companies

• You **MUST** have both Part A and B to participate in Part C

• These plans will cover your medical and drug needs according to rules set up by Medicare.
MEDICARE PART C

• **How Does Medicare Part C Work:**
  – Medicare pays each month to the insurance company instead of covering you with Medicare part A & B for your medical costs
    • *“Out of pocket costs”* are determined by the plan you choose
    • **Deductibles & co-pays** for doctors, suppliers, & prescription medications are all considered *“out of pocket costs”*
  – You may only go to doctors, facilities, or suppliers that belong to their **“network”** and, and you may need permission for **“out-of-network”** services
    • Your out-of-pocket costs will be higher when out-of-network
• **Medicare Part C Insurance Companies:**
  – In Montana, the companies must have approval for sale in your county
  – In Flathead County as of 2019 there are 3 companies approved: Blue Cross Blue Shield, Humana and Lasso
<table>
<thead>
<tr>
<th>COMMON CONCERNS</th>
<th>SUPPLEMENT/MEDIGAP</th>
<th>MEDICARE ADVANTAGE (MA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restrictive network of doctors, hospitals and providers</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Co-payment to providers</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Cap on out-of-pocket expenses (excluding prescription drugs)</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Except Plans K and L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health plan decides what tests and procedures are approved for you</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Can your plan be cancelled?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>As long as premiums are paid</td>
<td></td>
<td>Plans are approved yearly and can be dropped</td>
</tr>
<tr>
<td>Ability to travel in country and use any Medicare-approved doctor or hospital</td>
<td>YES</td>
<td>POSSIBLY</td>
</tr>
<tr>
<td>Exception: MA covers emergency out-of-network care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-certification required for some treatments</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Penalties can apply if pre-certification not done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard to re-enroll after cancelled</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>MAYO clinic included</td>
<td>YES</td>
<td>POSSIBLY</td>
</tr>
<tr>
<td>Emergency internat’l coverage</td>
<td>SOME PLANS</td>
<td>POSSIBLY</td>
</tr>
</tbody>
</table>
HOW MONTANA SMP CAN HELP YOU:
1. Help you understand and organize your medical bills and Medicare Summary Notices (MSN)
2. Help check for and correct billing errors
3. In cases of potential fraud, contact and refer to the appropriate agency to investigate the issue
4. Provide education about managing Medicare bills and protecting yourself.
Learn More About Benefits
Learn more about the programs that can help you save money.

Medications
You may be eligible for programs that save money on medications and other health care costs (such as copays and deductibles). People who have applied for these benefits can save, on average, $4,000 annually in assistance.

Examples of Medication Programs
- Medicare Part D
- Medicare Low Income Subsidy (LIS)/Extra Help
- State Pharmaceutical Assistance Program (SPAP)
- Patient Assistance Programs
- Prescription Savings and Discount Cards

Find My Benefits
A Better Way to Find Benefits

Simple Steps
Answer a few questions and quickly find the benefits you deserve.

Secure & Protected
Search for benefits with confidence. We do not track your personal information.

Tailored to You
Your benefits search will find the programs that meet your unique individual needs.

Confidential, online tool that includes state-specific public and private programs for older adults with limited income.
The free benefits screening takes about 20 minutes and can be done by phone, in person or mail. After providing information on income, resources, and expenses a benefits report will list the programs that may help you with:

- Prescription drug savings
- Health care costs
- Utility bill assistance
- Property tax assistance
- Food expense
- Medicaid
- Veteran services
What are some of the Available Benefits?

Core Benefits

• Medicare Part D Extra Help- helps with premium, deductibles and coinsurance

• Medicare Savings Program (MSP)-helps pay Medicare Part A and/or Part B premiums, deductibles and copayments

• Medicaid-pays for medical care for people who have very low incomes and also helps pay for long-term care at home or in a facility

• Supplemental Nutrition Assistance Program-provides an electronic card use to purchase food at the grocery store

• Low Income Energy Assistance Program (LIEAP)-pays for weatherization and/or part of winter energy bills
Enrollment Assistance for Other Benefits

- Montana Big Sky Rx
- Property Tax Relief
- Other local and state benefits
WE FOLLOW THROUGH!

Expect us to follow-up with you to make sure benefits have been approved and the services are meeting your needs.

The ultimate goal: a streamlined process to identify and apply for multiple benefits at one time based on an individual’s circumstances.
Do you know someone who needs a

A neighbor, friend, or parent?

758-5730