

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)

MEDICAL (PART B)

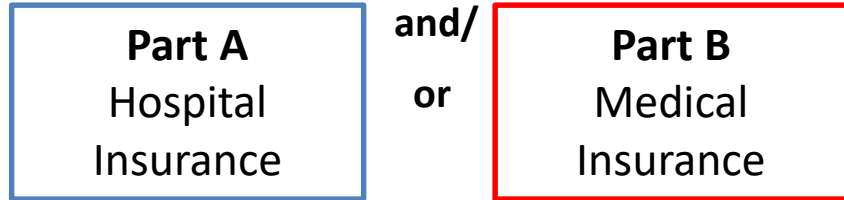
Coverage starts/Cobertura empieza

03-01-2016

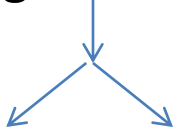
03-01-2016

You can print or order an official copy of your Medicare card at medicare.gov.

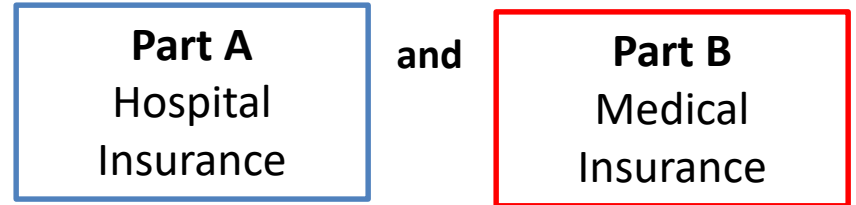
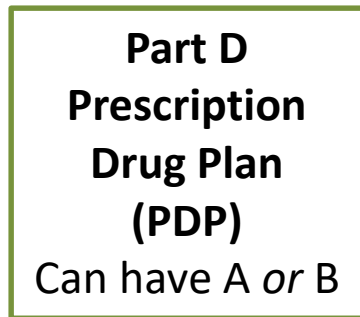
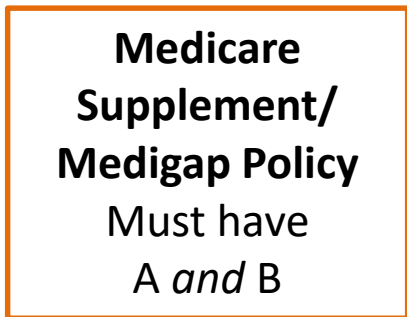
YOUR MEDICARE PLAN CHOICES



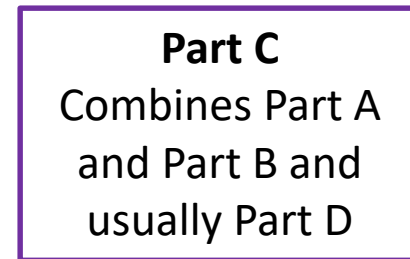
“Original Medicare”



You can add one or both



**“Advantage Plan” or “Medicare
Health Plan”**



Social Security Administration
1 888 487-0150

MEDICARE PART A

HOSPITAL COVERAGE



PART A: HOSPITAL- INPATIENT

You Pay:

- **\$1,600** deductible per benefit period of 60 days
- **\$400** per day for days 61-90
- **\$800** per day for days 91-150 (while using your lifetime reserve of 60 days)
- Formal Admission vs. Under Observation

(A 3-day inpatient hospital stay is needed for Medicare to cover your Skilled Nursing Facility stay.)

PART A: SKILLED NURSING HOME

You Pay:

- \$0 for the first 20 days of each benefit period
- \$200 per day for days 21-100
- No coverage after 101 days as Medicare is NOT Long-term Care

PART A: HOSPICE

You Pay:

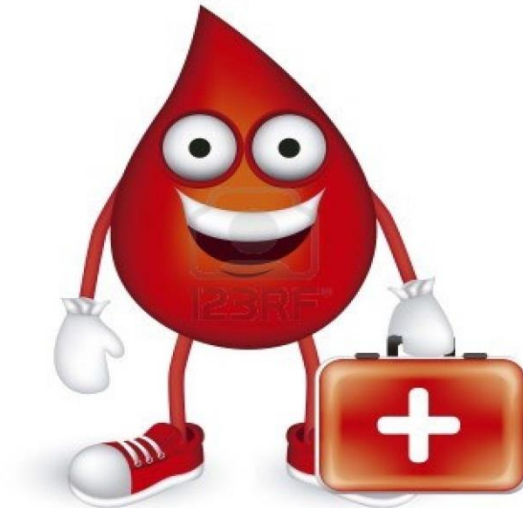
- A co-payment of up to \$5 per prescription for pain management
- 5% Medicare-approved respite



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 home health care services
- 20% of Medicare-approved amount for durable medical equipment
(like wheelchairs, walkers, hospitals beds, and other equipment)
- Durable medical equipment loan closets

MEDICARE PART B

DOCTOR COVERAGE



PART B PREMIUMS/DEDUCTIBLES

You Pay:

- **\$164.90** for monthly premiums

(This amount can change every year; you will pay the premium each month, even if you don't get Part B-covered services.)

- **\$226** deductible per year



PART B: DOCTORS



You Pay:

- 20% of Medicare-approved amount

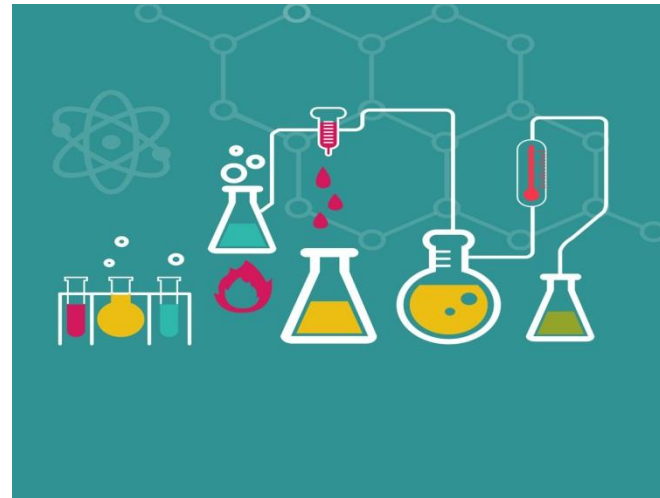
3 Doctor Types:

- **Assignment:** Accepts Medicare
- **Non-Participating:** Accepts Medicare on a case by case basis. “Limiting charge” of up to 15% over the Medicare-approved amount.
- **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 may save money by having the same service(s) done in the doctor's office instead, if that's an option

MEDIGAP/SUPPLEMENT POLICY with Original Medicare



MEDIGAP/SUPPLEMENT POLICY BASICS

A Medigap/Supplement policy:

- Can help pay some of the remaining health care costs for covered services and supplies, like copayments, coinsurance, and deductibles.
- These plans are identified by letters A through D, F, G, and K 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

Benefits	Medigap plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2022**			
							\$6,620	\$3,310		

*Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,490 in 2022 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020. See previous page for more information.)

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$233 in 2022), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance. You must pay 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.

MEDIGAP/SUPPLEMENT POLICY ELIGIBILITY

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
- Annual plan premiums change based on your age

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 **\$164.90**/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

**PERSCRIPTION 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 **\$4.70/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 \$7,400 in 2023.
- **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

MEDICARE PART C

- **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

- **Medicare Part C Insurance Companies:**
 - In Montana, the companies must have approval for sale in your county
 - In Flathead County as of 2022 there are 4 companies approved: AARP, Blue Cross Blue Shield, Humana and Lasso



COMMON CONCERNS	SUPPLEMENT/MEDIGAP	MEDICARE ADVANTAGE (MA)
Restrictive network of doctors, hospitals and providers	NO	YES
Co-payment to providers	NO	YES
Cap on out-of-pocket expenses (excluding prescription drugs)	NO Except Plans K and L	YES
Health plan decides what tests and procedures are approved for you	NO	YES
Can your plan be cancelled?	NO As long as premiums are paid	YES Plans are approved yearly and can be dropped
Ability to travel in country and use any Medicare-approved doctor or hospital	YES	POSSIBLY Exception: MA covers emergency out-of-network care
Pre-certification required for some treatments	NO	YES Penalties can apply if pre-certification not done
Hard to re-enroll after cancelled	YES	NO
MAYO clinic included	YES	POSSIBLY
Emergency internat'l coverage	SOME PLANS	POSSIBLY

Get more information

Get personalized help: 1-800-Medicare
or by mail: PO Box 1270, Lawrence, KS 66044

Go to [Medicare.gov](https://www.Medicare.gov) and create your own Medicare account.

Make an appointment with a SHIP (State Health Insurance Program) Counselor at Flathead Co. Agency on Aging.

Call 406-758-5730.

