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MEDICARE 101

02/02/2023

PA MEDI

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- PA MEDI is the State Health Insurance Assistance Program (SHIP) in Pennsylvania
  - Under the direction of Pennsylvania Department of Aging and the Chester County Department of Aging
- PA MEDI is a **FREE**, independent (unbiased), confidential health insurance counseling program
- Counselors are trained and certified ***volunteers*** who provide objective, easy to understand information about options for Medicare beneficiaries
- **Counselors have no financial interest in the decisions that you make**

Medicare is Difficult to Understand!

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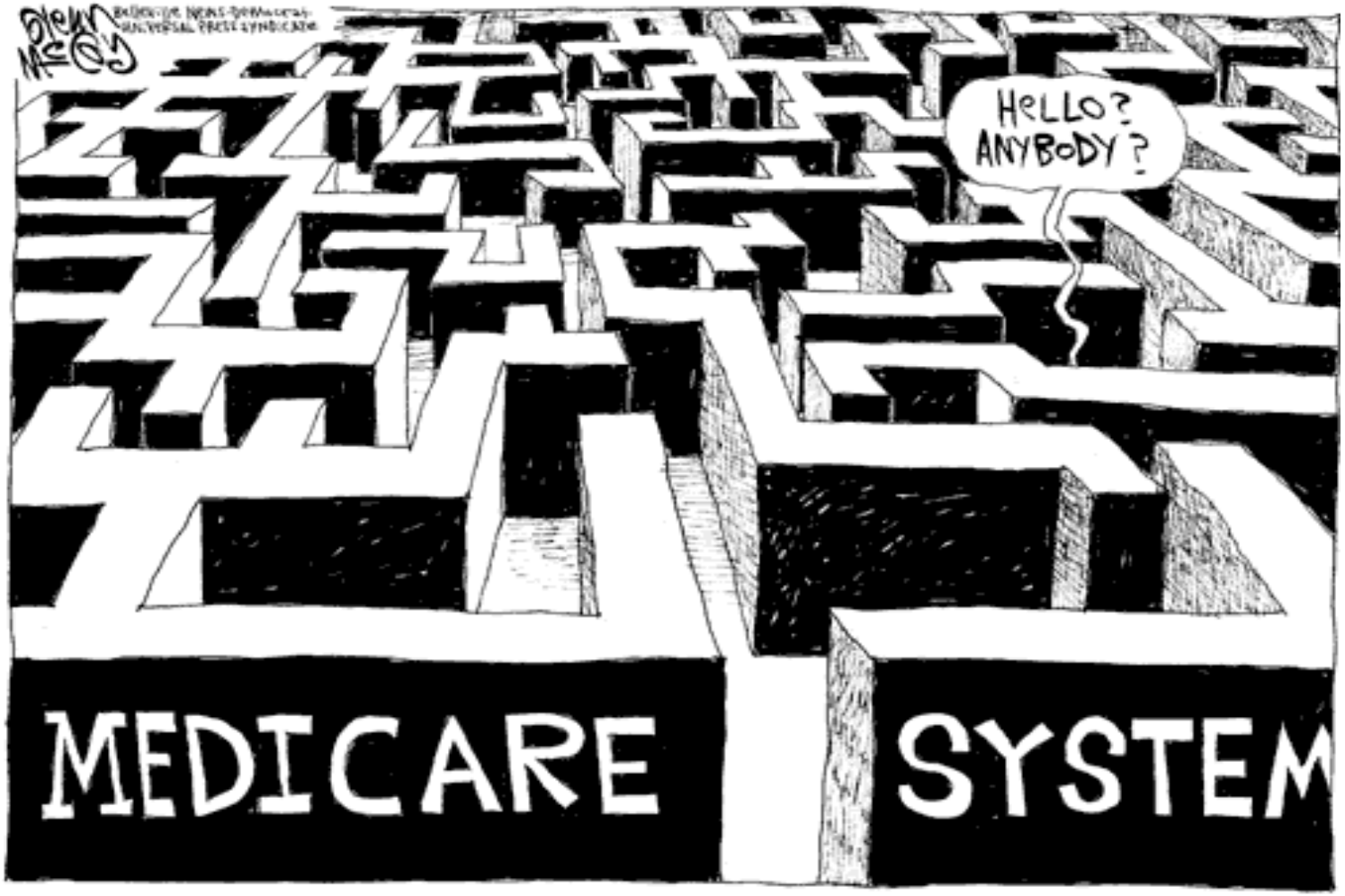

So What Do All Those TV Adds Mean

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Joe Namath, JJ Walker, etc. have created a lot of confusion regarding Medicare.

CMS has issued a regulation that TV ads have to receive prior approval

Joe Namath Medicare Commercial – YouTube

Medicare Roadmap

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Original Medicare
Part A – Hospital
Part B - Medical

+

MEDIGAP Policies
Plans A-N
Or
RETIREE, VA, TRICARE

+

Prescription Drug Benefit
Part D

OR

Medicare Advantage Plans
Part C

Must still have Original Medicare
Part A and Part B

- Private Insurance companies approved by Medicare
- Monthly Premiums
- Networks
- Copays and coinsurances with services
- Must take plan's drug benefit

Clarifying Terminology

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What is the difference between **Medicare** and **Medicaid?**

- **Medicare** is a federal program designed to **primarily help senior citizens and those with disabilities** with medical bills. Medicare is administered by the **Centers for Medicare and Medicaid (CMS)**

- **Medicaid** is a state program funded in part by the federal government to assist **people with limited income and resources** with medical bills. In Pennsylvania, it is administered by the **Department of Human Services (DHS).**

Who is Eligible for Medicare?

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- People age 65 or older
- People receiving Social Security disability income for 24 months
- People diagnosed with
  - ALS –Lou Gehrig's Disease
  - End Stage Renal Disease
- Must be a citizen or permanent resident of the US.
- You do not have to be retired to sign up for Medicare

Medicare Part A
Hospital Insurance

Primarily for Inpatient care

Skilled Nursing Home Care

Home Health Care and Hospice

Paid for by payroll taxes
known as FICA

Medicare Part B Medical Insurance

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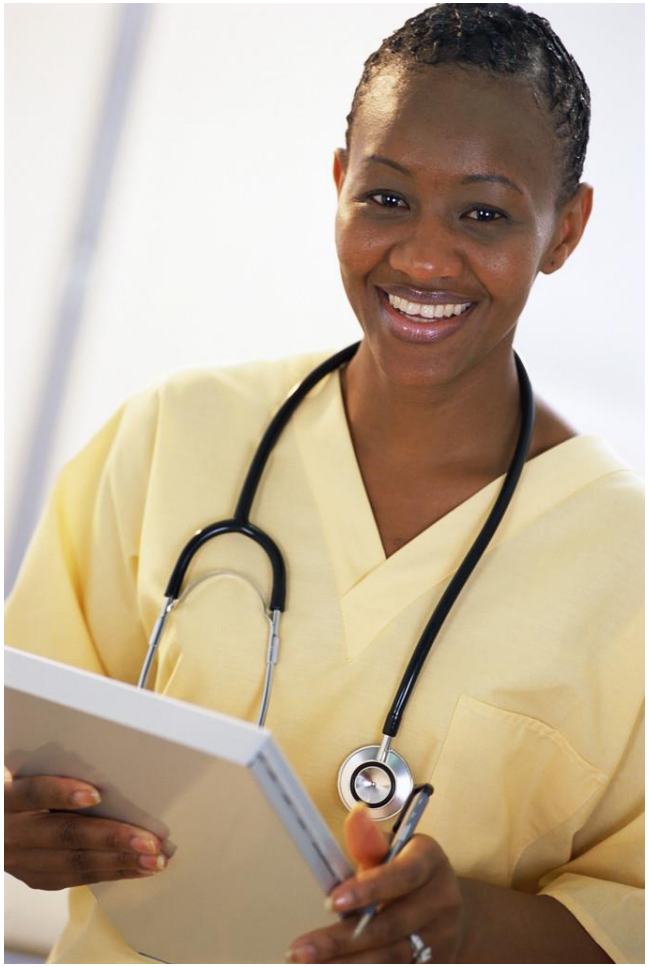
- Doctors Visits
- Diagnostic Tests
- Outpatient Services
- Durable Medical Equipment
- Therapies (Physical, Occupational, Speech)
- Mental Health
- Emergency Room
- Preventive Services
- **Everyone pays a monthly Part B Premium**



What Does Medicare NOT Cover?

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- Most Dental Care
- Eye Exams and Corrective Lens
  - Medicare does cover Diseases of the Eye
- Hearing Aids
- Cosmetic surgery
  - Unless it is needed to improve the function of a malformed part of the body
- Long Term Care
- Foreign Travel (Medical Care outside the US)

Healthcare Marketplace (ACA)

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- Those eligible for Medicare **CANNOT** use the Healthcare Marketplace (in PA known as Pennie.com).
  - When you become Medicare eligible you MUST transition to Medicare from the Marketplace
    - You will lose your subsidies when you become Medicare eligible
  - Exception: Those not eligible for premium free Part A – see handout
- The ACA does not affect your choices of insurance if you are covered by Medicare

How do I Enroll in Part A & Part B ?

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- Social Security **automatically** sends out Medicare cards to those eligible if they are receiving:
  - Social Security Retirement
  - Social Security Disability (Eligible 25th month on disability)
  - Supplemental Security Income (SSI)

How do I Enroll in Part A & Part B ?

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- If you are **not** already receiving benefits, apply at a Social Security Office or online – ***www.ssa.gov*** **or** ***www.medicare.gov***
  - Three (3) months before your 65th birthday
  - The month you turn 65
  - Three (3) months after you turn 65

Your Medicare Card and Medicare and You

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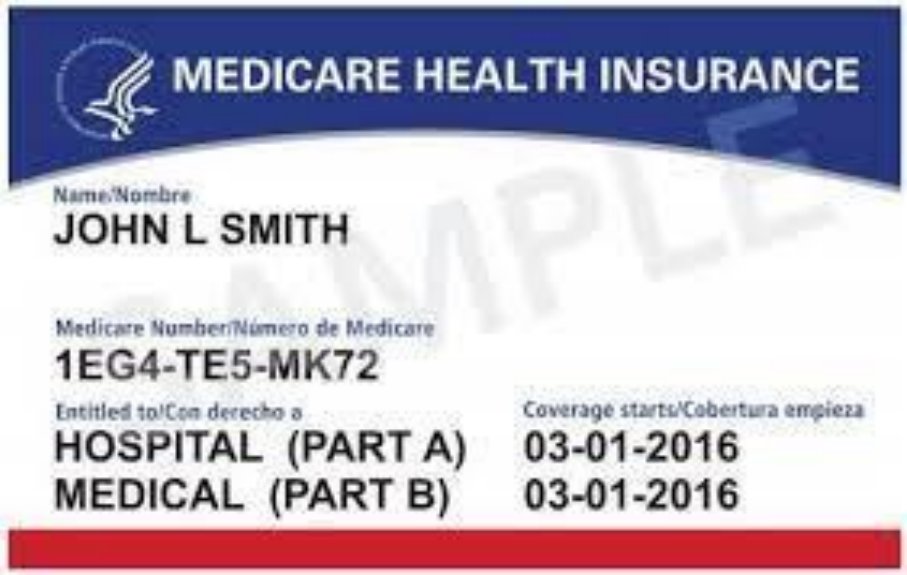

Medicare & You 2023

The official U.S. government Medicare handbook

Enrolling in Part A

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- Part A has no premium if you or your spouse have worked 40 quarters (10 years)
- Most people sign up for Part A, even if covered by a group health insurance plan
- Some elect not to sign up if they have a group health plan
  - They may have an HSA which they wish to continue contributing to
  - They do not meet the 40 quarter requirement

Does Everyone Enroll in Part B?

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You may delay enrollment in Part B **IF**:

- You (or your spouse) are **ACTIVELY** employed in company with 20** or more employees (if under 65 disabled, 100 employees) **AND**
- You are covered under a group health insurance policy based **on active employment**
- **Note: COBRA is not considered active employment**

**If your company has fewer than 20 employees (100 employees if under 65 disabled), check with your employer to see how the group health insurance policy works with Medicare

Part B Delayed Enrollment

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- You will have a Special Election Period of **8 months** to enroll in Part B from the time coverage ends or you stop working, **whichever comes first**
- Anytime while you are covered by an employer or union group health plan from either your or your spouses current employment.
- When you want to enroll in Part B both of the following forms must be completed:
  - CMS-40B – Application for Enrollment in Part B
  - CMS-L564 – Request for Employment Information
  - Forms can be found on ***www.Medicare.gov*** or at your Social Security Office
- These forms must be submitted together to your local Social Security Office

Part B Delayed Enrollment

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- You must complete the following form:
  - APPLICATION FOR ENROLLMENT in PART B
    - CMS 40B
    - ***https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf***

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1230

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Social Security Claim Number ___ – __ – ____ Beneficiary Identification Code (BIC) ___
2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES
3. Your Name (Last Name, First Name, Middle Name)
4. Mailing Address (Number and Street, P.O. Box, or Route)
5. City State Zip Code
6. Phone Number (including area code) (___) ___ – ____
7. Written Signature (DO NOT PRINT) SIGN HERE
8. Date Signed __ / __ / ____

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness
10. Date Signed __ / __ / ____
11. Address of Witness
12. Remarks

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

CMS-40B (04/17) 2

Part B Delayed Enrollment

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- Your employer must complete the following form:
  - REQUEST FOR EMPLOYMENT APPLICATION
    - CMS L564
    - ***https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS-L564E.pdf***

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name
2. Date ☐☐ / ☐☐ / ☐☐☐☐
3. Employer's Address

City | State | Zip Code

4. Applicant's Name
5. Applicant's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐
6. Employee's Name
7. Employee's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No
2. If yes, give the date the applicant's coverage began. (mm/yyyy) ☐☐ / ☐☐☐☐
3. Has the coverage ended? ☐ Yes ☐ No
4. If yes, give the date the coverage ended. (mm/yyyy) ☐☐ / ☐☐☐☐
5. When did the employee work for your company?
   From: (mm/yyyy) ☐☐ / ☐☐☐☐ | To: (mm/yyyy) ☐☐ / ☐☐☐☐ | Still Employed: (mm/yyyy) ☐☐ / ☐☐☐☐
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
   From: (mm/yyyy) ☐☐ / ☐☐☐☐ | To: (mm/yyyy) ☐☐ / ☐☐☐☐

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No
2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No
3. Date reserve hours ended or will be used? (mm/yyyy) ☐☐ / ☐☐☐☐

All Employers:

Signature of Company Official | Date Signed ☐☐ / ☐☐ / ☐☐☐☐

Title of Company Official | Phone Number (☐☐☐) ☐☐☐ – ☐☐☐☐

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Form CMS-L564 (CMS-R-297) (09/16) 2

Part B Delayed Enrollment

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- You can enroll in Part B either through a Social Security Office or online at www.ssa.gov or www.medicare.gov
- Forms CMS-40B **and** Form CMS-L564 must be submitted TOGETHER to any Social Security office or online
- Find a Social Security office at www.ssa.gov
  - Can be taken to **any** Social Security Office
- PA MEDI can help if you have questions

HSA and Medicare

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- HSAs are used in combination with High Deductible Health Plans (HDHP)
- You **cannot join Medicare** (neither Part A nor Part B**) and still contribute to an HSA without tax penalties.**
  - **Note:** Cannot opt out of Medicare Part A if you are collecting Social Security
- **Please refer to handout**
- Stop contributions 6 months before enrolling in Medicare.
  - There may be a tax penalty if you do not stop contributions
  - If delaying Medicare review with tax professional before enrolling in Medicare

Actions to Delay Enrolling in Medicare without and with an HSA

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Delaying Medicare without an HSA

- Can opt to sign up for Part A
- Delay Part B
- Delay Part D – only if your current plan is creditable

Delaying Medicare when you have an HSA

- Delay Social Security
  Delays Part A
- Delay Part A and Part B
- Delay Part D if you have creditable drug coverage
- Stop HSA contributions in time

HRA and Medicare

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- Health Reimbursement Account
- Also know as a Health Reimbursement Arrangement – HRA or a ‘Personal Care Account’
- Reimbursements are tax free if used for medical expenses
- You **can join Medicare** and still benefit from an HRA

What If I Miss My Opportunity To Enroll in Part A or Part B?

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- You can enroll in premium free Part A any time after you turn 65.
- If you do not enroll in Part B at proper enrollment time you may:
  - Join from January 1st – March 31st of each year – this is known as the General Enrollment Period
  - Coverage begins the first day of the month after you sign up
- If you do not sign up for Part B when you are first eligible, you may pay a late enrollment penalty as long as you have Part B.
  - Your monthly premium for Part B may go up 10% for each full 12 month period that you could have had Part B, but didn't sign up for it
  - Example: If you wait 12 full months to sign up for Part B instead of paying $164.90 you will pay $181.39 per month.

What does Medicare Cost?

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Part A – Hospital Insurance Premium

- No Premium – if you or your spouse has worked 40 quarters or 10 years
- Funded by payroll taxes
- Otherwise – up to $506/month

Part B – Medical Insurance Premium

- $164.90/month in 2023
  - Unless your income is >$97,000 single or $194,000 couple (Look back is 2 years)
- Usually deducted from Social Security check
- If not receiving Social Security pay quarterly

Medicare Deductibles & Coinsurance

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- You may go to any provider that accepts Medicare
- You will pay:
  - Part A
    - Hospital Deductible - $1,600 in 2023 for hospital stays within a 60 day period (called a benefit period)
    - Days 61-90 – $400/day
    - Lifetime Reserve - Days 91-150 – $800/day
      - Beyond Lifetime Reserve Days you pay 100%
    - Skilled Nursing Facility days 21-100 – $200/day
  - Part B
    - $226 annual deductible in 2023
    - 20% coinsurance or copayment for most Part B Services
      - Exception Preventive Services

Medicare Roadmap

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Original Medicare
Part A – Hospital
Part B - Medical

+

MEDIGAP Policies
Plans A-N
Or
RETIREE, VA, TRICARE

+

Prescription Drug Benefit
Part D

OR

Medicare Advantage Plans
Part C

Must still have Original Medicare
Part A and Part B

- Private Insurance companies approved by Medicare
- Monthly Premiums
- Networks
- Copays and coinsurances with services
- Must take plan's drug benefit

How to Pay for Medicare Deductibles and Copayments

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- Medicare usually becomes primary after retirement
- Retiree plans
  - Employer sponsored retiree plans
  - Federal Retired Employee Insurance
  - State Employee Retirement Insurance
  - Retired Public School Employee Retirement Insurance (HOP)
  - Tricare for Life - Military retirement
- Special note to Veterans
  - Can have both Medicare and VA but both will not pay for the same service

Medicare Supplement Insurance aka "Medigap"

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- Sold by private insurance companies
- Regulated by the PA Insurance Department
- Must say "Medicare Supplement Insurance"
- Covers "gaps" in the Original Medicare Plan
  - Deductibles Part A and B
  - 20% copayment in Part B
- Up to 11 **standardized** A-N Plans
- Must have Medicare A and B in order to purchase

Medicare Supplement Insurance aka "Medigap"

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- Rates vary
  - By insurance company
  - With age, gender, smoking, and residence
  - Prices vary from $40-$200 monthly at age 65
- Can change any time
  - But may incur underwriting if more than 6 months after you joined Part B
- Good for "snow birds"

Medigap Standard Plans - 2023

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For Plans Sold since June 1, 2010	Plans Available to All Applicants								First eligible for Medicare before 2020 only	
Standard Benefits	**A**	**B**	**D**	**G***	**K**	**L**	**M**	**N**	**C**	**F***
Part A co-insurance and hospital costs up to an additional 365 days after Medicare benefits end	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Part A hospice coinsurance or copayment	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Part B co-insurance or copayment	✔	✔	✔	✔	50%	75%	✔	✔**	✔	✔
Blood (first three pints)	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Additional Benefits	**A**	**B**	**D**	**G**	**K**	**L**	**M**	**N**	**C**	**F***
Part A hospital deductible		✔	✔	✔	50%	75%	50%	✔	✔	✔
Part B medical deductible									✔	✔
Part B medical excess charges (15% of allowed amount)				✔						✔
Skilled nursing coinsurance			✔	✔	50%	75%	✔	✔	✔	✔
Foreign travel emergency (up to plan limits)***			80%	80%			80%	80%	80%	80%
Yearly out-of-pocket limit (after Part B deductible)					$6,940	$3,470				

* Plan G and Plan F also offer a high deductible option, which pays benefits after beneficiary has met a deductible of $2,700 in 2023.
** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to $50 copayment for emergency room visits that don't result in an inpatient admission.
*** Plans with Foreign travel will pay 80% after an annual $250 deductible within the first 60 days of trip. This benefit has a lifetime limit of $50,000.

When Can You Buy A Medigap?

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- Within 6 months of enrolling in Part B **(Medigap Open Enrollment Period, i.e. no restrictions)**
- If you want to purchase one after the initial 6 months, **you may be subject to medical underwriting**
- If you lose certain kinds of health insurance – federal/state law provides guaranteed issue rights.

What to Look for When Shopping for a Medigap Plan

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- Price
- If not in a guaranteed issuance period, look at underwriting policies
- Stability of the company
- Remember – benefits of Medigap plans are standardized by CMS
- PA MEDI can help you sort through choices

Medicare Roadmap

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Original Medicare
Part A – Hospital
Part B - Medical

+

MEDIGAP Policies
Plans A-N
Or
RETIREE, VA, TRICARE

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Prescription Drug Benefit
Part D

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Medicare Advantage Plans
Part C

Must still have Original Medicare
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Medicare Part D Prescription Drug Benefit

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- Prescription Drug Benefit
- Can purchase a stand alone drug plan, sold by private insurance companies, which offers only drug coverage
- Have monthly premiums, co-pays and may have a deductible
- All plans must be CMS approved
- May be included in your Medicare Advantage Plan

How the PDPs Work in 2023

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DEDUCTIBLE	INITIAL COVERAGE	COVERAGE GAP (DONUT HOLE)	CATASTROPHIC
You will pay… Up to $505 (can be lower or $0) $505 is the maximum Part D Prescription Drug Deductible	You will pay… A copay ($) or coinsurance (%) based on the drug's tier out of pocket Once your out of pocket **PLUS** what your plan pays on your behalf for your drugs reaches $4660… You enter the Coverage Gap (donut hole)	You will pay… 25% of the cost of generic and brand name drugs… …until your Out-of-Pocket costs reach about $3000 to $3500* ***Reduced to $2000 in 2025**	What you will pay the rest of the calendar year (the GREATER of)… 5% coinsurance** $4.15 for generic drugs $10.35 for all other drugs. ****5% coinsurance goes away in 2024**

Drugs Covered Under Part B <u>NOT</u> Part D

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- What falls into this category?
  - Treatments for cancer, macular degeneration, multiple sclerosis, etc.
  - Insulin Pumps
  - Therefore they will be subject to the 20% Part B co-payment
- Medigap Plans - 20% may be covered
- Medicare Advantage Plans – 20% cost share may be your responsibility, check with your plan

When Can You Switch/Join a Part D Plan?

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- Join
  - **When first eligible for Medicare**
  - Can enroll on Medicare website or call prescription drug company directly

    On You Tube Find: 2022 How to use Medicare Plan Finder

- Switch annually during open enrollment period

  Oct 15 to Dec 7

- **With a Medicare Advantage Plan you must take that plan's prescription drug plan if they offer one and if you want drug coverage**
- NO medical underwriting with prescription plans
- There are some special enrollment periods

Must I Buy A Prescription Drug Plan?

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- If you have **Creditable Drug Coverage** you do not have to buy a prescription drug plan
- **Creditable Coverage**
  - Coverage that is at least as good as Medicare prescription drug plans
  - Examples of **Creditable Coverage**
    - Pace/Pacenet
    - Veterans Administration
    - Employer/Retiree Coverage

Part D Late Enrollment Penalty

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- Must join Part D at age 65 unless you have creditable coverage or you will pay a penalty
- Medicare calculates the penalty by multiplying 1% of the “national base beneficiary premium” ($32.74 in 2023) times the number of full, uncovered months you didn’t have Part D or creditable coverage. The monthly premium is rounded to the nearest $0.10 and added to your monthly Part D premium.
- If your creditable coverage ends, you may join a prescription drug plan without penalty

Part D Plans Comparison

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- Compare Plans at initial eligibility and annually
- Compare plans based on the drugs you take
- Why compare?
  - Formularies change
  - Your drugs may change
  - Monthly premiums may change
  - Deductibles/copayments may change
  - Another company's plan may provide you better coverage
- Use www.medicare.gov to do a Plan Comparison
- **PA MEDI can help you with Plan Comparisons**

Part B and D
Premium Cost for High Incomes

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- Increased Part B and D premiums for consumers with high incomes (est. 5% of the population)
  - Single > $97,000
  - Couple > $194,000
  - Look back 2 years income information
- May appeal IRMAA determination, but needs to be a life changing event where income has gone down
  - Form SSA 44 must be completed and filed with Social Security

Medicare Roadmap

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Original Medicare
Part A – Hospital
Part B - Medical

+

MEDIGAP Policies
Plans A-N
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Medicare Part C
Medicare Advantage Plans (MA)

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- Alternative delivery of Medicare
- Must pay for Medicare A and B
- You are still in the Medicare Program – but deductibles and co pays are different with MA Plans
- May have additional premium
- These are NOT Medigap plans
- Offered through Private Insurance Companies regulated by CMS
- Must live in plan's service area
- Plans have Networks of Providers
- Must use plan's Prescription Drug Program
- May have extra benefits – hearing, vision, dental coverage, etc.
- MOOP – Maximum Out of Pocket
- About 48% of Medicare recipients have Medicare Advantage Plans

Medicare Advantage Plan Types

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- Private insurers approved by CMS
  - Companies must submit plans yearly
  - Are reimbursed by CMS
- Can choose how plan works
  - HMO (Health Maintenance Organization)
  - PPO (Preferred Provider Organization)
  - PFFS (Private Fee-for-Service)
  - SNP (Special Needs Plan)

Medicare Advantage Plans in Chester County - 2023

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- Aetna Medicare (HMO, HMO-POS, PPO)
- Cigna (HMO, PPO)
- Devoted Health (HMO, PPO)
- Geisinger Gold (HMO, PPO)
- Health Partners Medicare (HMO-POS)
- Humana (HMO, PPO, PFFS)
- Independence Blue Cross
  - Keystone 65 (HMO, HMO-POS)
  - Personal Choice 65 (PPO)
- Lasso Healthcare (MSA)
- UnitedHealthcare (HMO-POS, PPO) – AARP
- WellCare (PPO)
- WellCare by Allwell (HMO)

When Can You Switch/Join A Medicare Advantage Plan?

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- **Can join when you are first eligible for Medicare**
- Open enrollment period each year from

  Oct 15 to Dec 7th
- **Jan 1 – March 31** each year– Medicare Advantage Open Enrollment Period
- Can enroll on Medicare website or call company directly
- There is no medical underwriting

Medicare.gov Plan Finder

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An official website of the United States government Here's how you know

Cambiar a Español

Medicare.gov

Basics | Health & Drug Plans | Providers & Services | Chat | Log in

Alert Boost your protection from COVID-19. Find out how Me

Search

Find & Compare

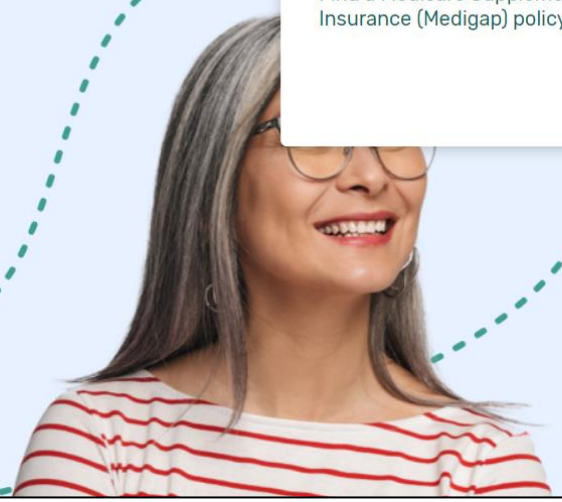
- Find health & drug plans
- Compare coverage options
- Find a Medicare Supplement Insurance (Medigap) policy

Learn

- Get started with health & drug plans
- What health plans cover
- How plans work with other coverage
- Drug coverage (Part D)

My Information

- Looking for your health & drug plan information?
- Log in/create an account



Welcome to Medicare

Get Started with Medicare

Decision: Original Medicare with Medigap or Medicare Advantage?

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- Some factors to consider:
  - What can you afford? Higher monthly premium and little or no co-pays or a lower monthly cost with co-pays and deductibles
  - What is your experience with HMOs, PPOs, versus a fee for service plan (like Medicare with a Medigap)?
  - What is your risk tolerance?
  - It is a personal decision that YOU must be comfortable with.
  - **Can get guidance from a PA MEDI Counselor**

Comparison

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Medigap

- Can use with any hospital or doctor that accepts Medicare
- Limited/No deductibles, co-pays, coinsurance (%)
- No referrals
- Coverage standard by Plan letter
- If you want a drug plan, you have to purchase one separately
- Can switch drug plan yearly
- No extra benefits (eye care, dental)
- Readily accepted by docs
- May have underwriting if switching plan. Can be rejected for existing medical conditions

Advantage Plans

- Usually local, has network
- Usually includes drug plan
- Premium may be less
- Has co pays and deductibles
- May need a referral
- Offerings differ by company and plan
- Can switch yearly
- Plans can change yearly
- May get extra benefits, sometimes at extra cost
- Not all doctors accept all Medicare Advantage Plans
- Have a Maximum Out of Pocket

Help for Low Income Individuals

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There are Federal and State of Pennsylvania programs to help you with Medicare costs such as:

- Part B premium
- Medicare deductibles, copayments, etc.
- Prescription drug costs and premiums

- These programs look at your income **and** assets (with the exception of the Pennsylvania PACE program which looks only at income)
- ***Please see handout for details on these programs***
- Income **LESS** than $33,500 for a single person or $41,500 for a couple?
  - Make an appointment with an PA MEDI counselor to discuss how these program can help you.

Medicare Roadmap

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Original Medicare
Part A – Hospital
Part B - Medical

+

MEDIGAP Policies
Plans A-N
Or
RETIREE, VA, TRICARE

+

Prescription Drug Benefit
Part D

OR

Medicare Advantage Plans
Part C

Must still have Original Medicare
Part A and Part B

- Private Insurance companies approved by Medicare
- Monthly Premiums
- Networks
- Copays and coinsurances with services
- Must take plan's drug benefit

Help is Available

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- To schedule an appointment, see the handout on Chester County's PA MEDI counseling locations and call the most convenient site.

- For simple questions, call the Chester County's PA MEDI Helpline at 610-344-5004 option 2. Leave your name, short message and phone number. A volunteer will respond within one business day, or email smilam@chesco.org

Volunteer Opportunities

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Would you like to make a difference in the lives of Seniors in Chester County?

Are you looking for a rewarding opportunity?

Please consider volunteering in one of the following programs:

- **Ombudsman Program** – advocate for the rights of those receiving long-term care
- **PA MEDI Program** – provide free health insurance counseling to Medicare beneficiaries
- **Advisory Council** – advise and assist the Department of Aging in meeting agency goals
- **Senior Centers** – assist participants with programming activities at the center
- **Chester County Department of Aging** – provide clerical support or assist with an upcoming project or activity.

For additional information on volunteer opportunities, please visit the Chester County Department of Aging Services' website: www.chesco.org/aging or call 610-344-6350