

MEDICARE101

the Basics



 GUIDED SOLUTIONS

AGENDA

- What is Medicare?
- Who is Eligible
- The ABCDs of Medicare
- Your options
- When you can enroll
- Next Steps and Resources



WHAT IS MEDICARE?

Medicare is the federal health insurance program for people 65 and over and people who are under 65 with certain diseases and/or disabilities.

Learning Medicare's parts is as easy as



The federal Medicare program is made up of four parts:



Part A

Hospital insurance

Free for most people.



Part B

Medical Insurance

Has a premium (monthly cost).



Part C

Medicare Advantage

Includes Part A and Part B, and may include Part D drug coverage.



Part D

Prescription Drug Plan

AM I ELIGIBLE FOR MEDICARE?

You are eligible for Original Medicare (Parts A and B) if:



You are at least
65 years or older

OR

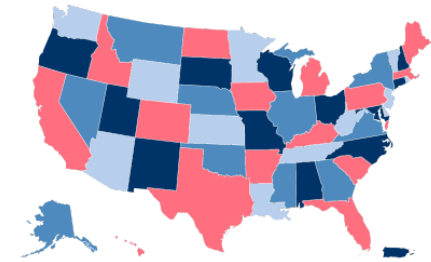
You are under 65

With End Stage Renal Disease

With Amyotrophic Lateral
Sclerosis often called
Lou Gehrig's Disease

And have been receiving
Social Security Disability
Income for 24 months

AND



You are
a U.S. Citizen or
a legal resident who
has lived in the
U.S. for a least
5 consecutive years

PART A – COST AND COVERAGE



Part A is Premium Free if you or your spouse has worked 10 years or 40 quarters and paid Medicare taxes in the United States.

Enroll in 7-month window around 65th birthday:

- Three months prior to birthday month
- Your birth month
- Three months post birthday month



- Inpatient care in hospitals
- Skilled Nursing Facility(SNF)
- Inpatient Behavioral & Mental Health
- Home Health care
- Hospice care



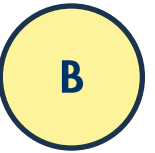
- Physician services
- Personal care items
- Private hospital rooms
- Custodial care

You can buy Part A if you have worked less than 40 quarters; you will pay up to \$518.00 per month for your Part A premium.

If you don't enroll when you are first eligible, you may have a penalty and pay a higher premium for Medicare Part A.

MEDICARE PART B

Enrollment and Coverage





If you already have Part A or are enrolling in Parts A & B at the same time

7-month window around your 65th birthday

- Three months prior to birthday month
- Your birth month
- Three months post birthday month

If enrollment window is missed, you may enroll within the General Enrollment Period.

- January 1 – March 31. Your coverage starts the month after you sign up. You might pay a monthly late enrollment penalty, if you don't qualify for a Special Enrollment Period.

	<ul style="list-style-type: none">• Physician services & outpatient care• Durable Medical Equipment• Preventative Services• Physical Therapy• Physician administered drugs
	<ul style="list-style-type: none">• Routine vision or hearing• Glasses or hearing aids• Alternative healthcare• Routine chiropractic care• Prescription Drugs• Routine Dental

Covers glasses only after cataract surgery.

No coverage for custodial care.

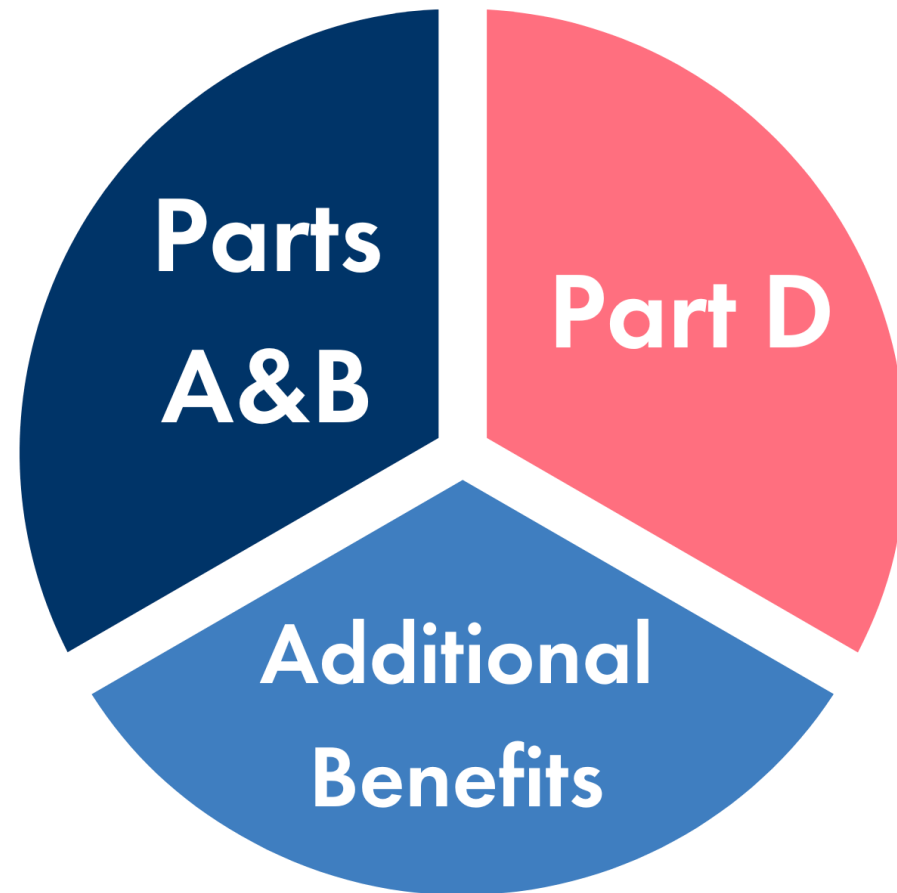
Providers must be accepting new Medicare patients.

No coverage outside of the United States.

MEDICARE ADVANTAGE PLANS (PART C)

C

- Offered by private insurance companies
- Cannot deny enrollment based on health
- Include Part A&B, and most of the time Part D
- Must provide coverage equal to or better than Original Medicare
- Limit annual out of pocket cost
- Often provides additional benefits.
- Added benefits may include:
 - Vision
 - Dental
 - Hearing
 - Fitness programs

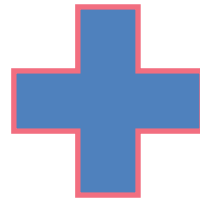


MEDICARE ADVANTAGE

Plan Eligibility Determination

C

Permanent
Residence in
the plan's
service area.



Be enrolled in
both
Medicare
Parts A & B.

MEDICARE ADVANTAGE

Common Plan Types

C

HMO: Health Maintenance Organization

- Beneficiaries can generally only go to doctors, specialists, or hospitals that are part of the plan's network.
- Referrals are usually required except in case of emergencies.

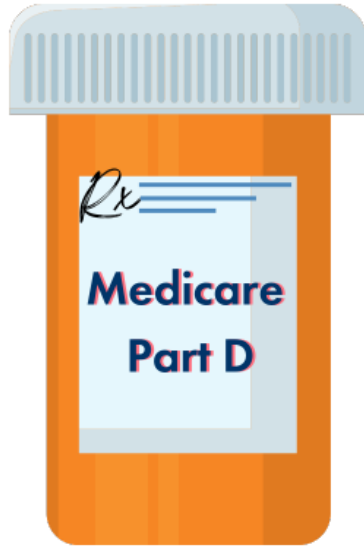
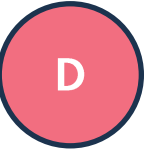
PPO: Preferred Provider Organizations

- Uses network of providers, but beneficiaries may use out-of-network providers usually at a higher cost.
- Referrals are not required, but Prior Authorizations may still be needed.

SNP: Special Needs Plans

- Often, a HMO type plan. Membership is limited to certain groups of beneficiaries with chronic or disabling conditions, those eligible for Medicaid, or those living in institutions.

PRESCRIPTION DRUG COVERAGE



- Medicare Part D program began in 2006.
- Only offered by private companies and approved by Medicare.
- Coverage options can vary by insurer and plan type.
- Part D is “voluntary”.
- 1% penalty (based on the base beneficiary premium) for every month without drug coverage if you choose to enroll in the future.

How coverage works



- Outpatient prescription drugs covered in the plan’s formulary
- Outpatient prescription drugs covered through a formulary exception or appeal
- Outpatient prescription drugs filled in accordance with plan pharmacy network requirements

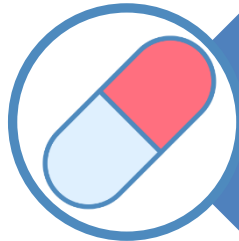
What’s not covered



- Drugs not on the formulary
- Drugs excluded from coverage by Medicare
- “Over the Counter” medications
- Medications purchased outside the US

PART D COVERAGE OPTIONS

D



Stand-alone Prescription Drug Plan (PDP)*



Medicare Advantage Prescription Drug Plan (MAPD)**



Certain Medicare Advantage Only Plans + PDP

*You must be enrolled in Part A and/or Part B

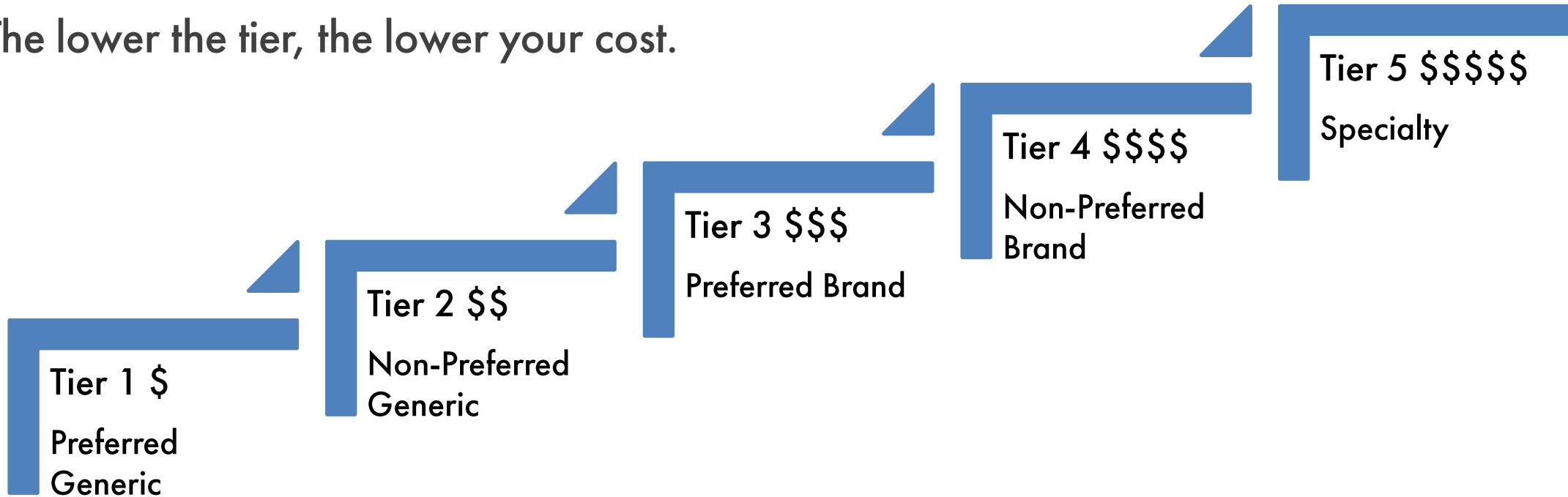
**You must be enrolled in Part A and B.

You cannot be enrolled in a Stand-alone Prescription Drug Plan and a Medicare Advantage Prescription Drug Plan at the same time.

PART D DRUG TIERS



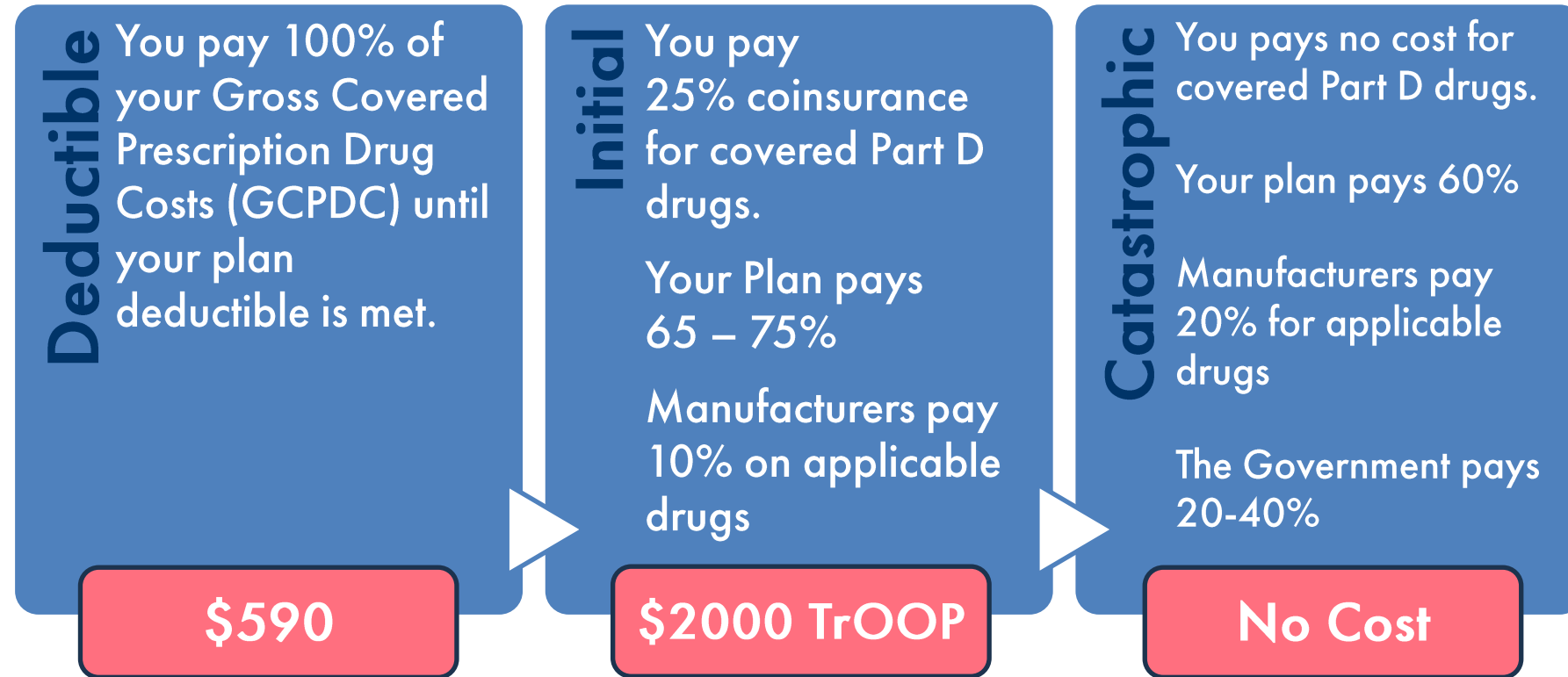
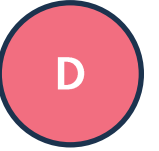
- The majority of Part D plans have a formulary (approved list of drugs) and are classified into tiers based on brand vs generic, cost and risk.
- The lower the tier, the lower your cost.



* Select plans may include a 6th tier

2025 PART D COVERAGE PHASES

CMS 2025 DEFINED STANDARD (DS) BENEFIT DESIGN



Your "at most" cost share limit in each coverage phase

MEDICARE SUPPLEMENT/MEDIGAP

Multiple Plan Options, designated by Letter



Plans are standardized. Only premiums may vary.

Carrier A – Plan G



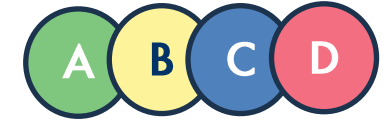
Carrier B – Plan G

- Sold by Private Companies
- Works to “supplement” Original Medicare and help pay some of the deductible, copays, coinsurance and excess charges that are not paid by Original Medicare
- Original Medicare pays for Medicare-covered benefits, then the Medicare supplement pays towards the patient’s portion (the amount depends on plan chosen)
- Some Medicare Supplement plans may pay for some benefits not covered by Original Medicare (Such as, foreign emergency travel coverage, or include fitness benefits, etc.)



*Part D coverage must be purchased separately if desired through a Stand-Alone Prescription Drug Plan
* Medicare Supplements are not Medicare Advantage Plans
*You cannot be enrolled in both a Medicare Advantage Plan and a Medicare Supplement at the same time.

DECIDING ON COVERAGE



If you are enrolled in:

Part A and B

Part D

Eligible For a Stand-Alone Prescription Drug Plan

Consider adding

Medicare Supplement (Medigap)

Choose a plan to help cover some or most of your Medicare cost shares.

Part C:

Medicare Advantage = A+B and most of the time, D

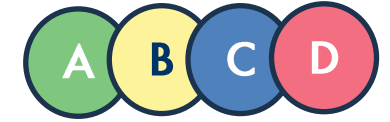
Choose a plan that fits your coverage needs, based on your providers and prescriptions, if included.

If you still need drug coverage

Part D

Many Medicare Advantage Plans include drug coverage. In instances where drug coverage is not included, you may be able to enroll in a Stand-Alone Prescription Drug plan, with select types of Medicare Plans.*

DECIDING ON COVERAGE



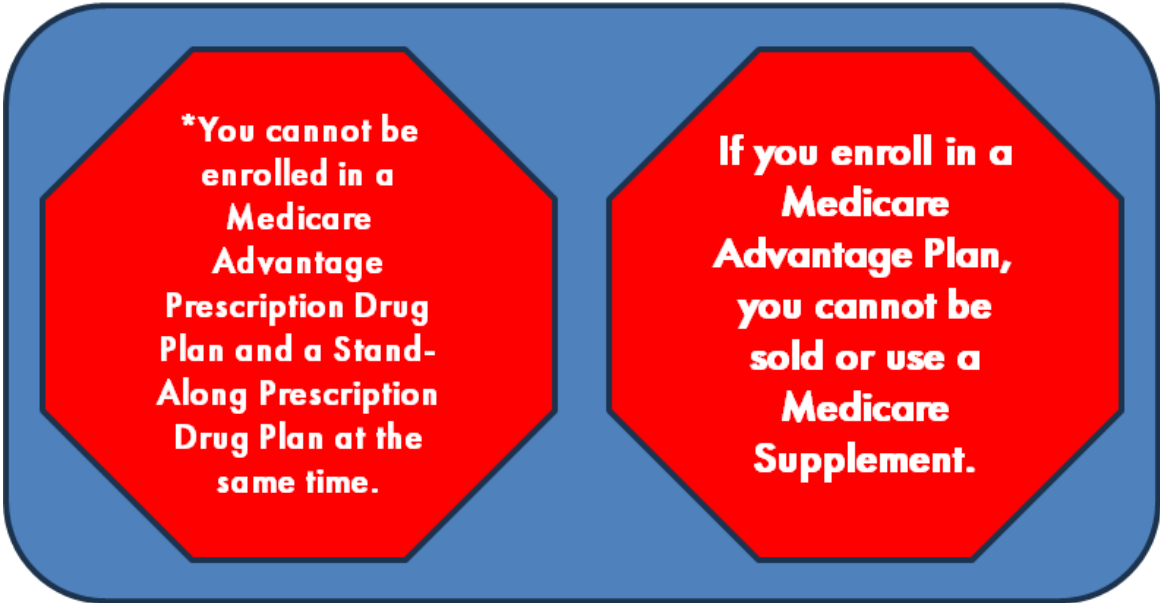
If you are enrolled in:

Part A Only

Part B Only



Part D
Eligible For a Stand-Alone
Prescription Drug Plan



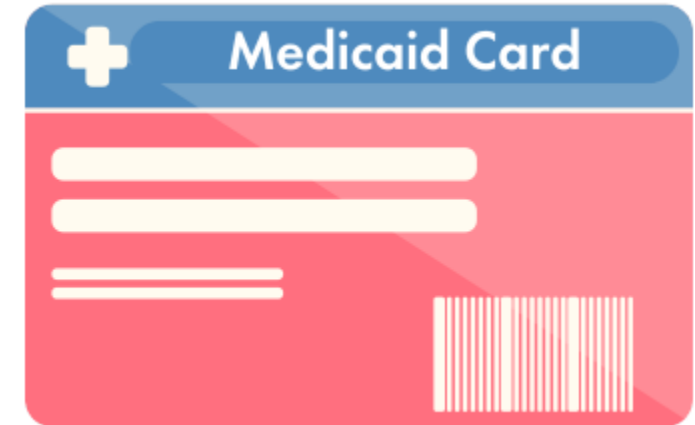
MEDICAID & PART D: ASSISTANCE

Medicaid

- Dual-eligible (Medicare & Medicaid)
- Other partial levels of Medicaid
- Reduced copayments, coinsurance, premiums, etc.

Extra Help

- Also called, Low Income Subsidy (LIS)
- Reduced copayments, coinsurance, and premiums on drug costs.



Contact Social Security (1-800-772-1213) or visit www.ssa.gov to apply.



MEDICARE PLAN SELECTION POINTERS



Are your primary care doctor and specialists in the plan's network?



Does your selected plan meet your personal and financial needs?



Should you choose to travel, will the plan provide adequate coverage?



Do you understand the prescription drug formulary? Does the plan cover your medications?



AGENT SELECTION POINTERS



Do they represent more than one company, or do they only represent a single insurance carrier?



Do they specialize in Medicare?



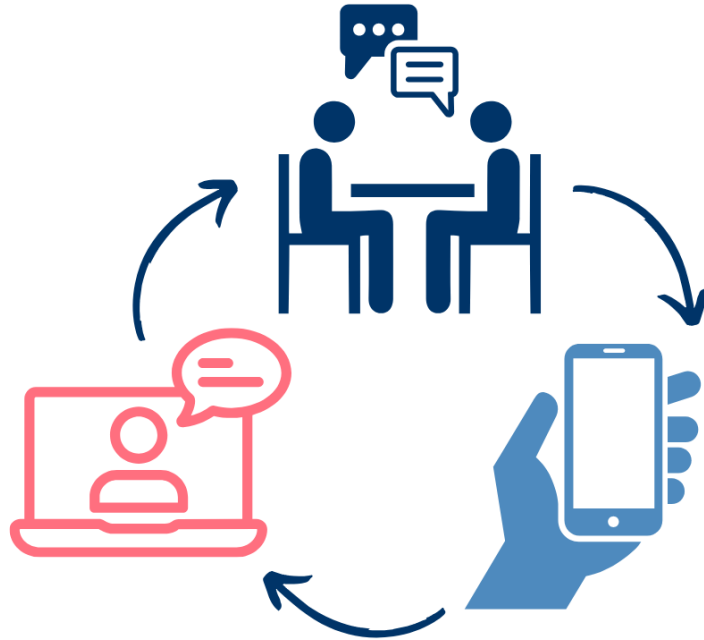
Are they kind, thoughtful and thorough when helping you evaluate your options?



Do they review all the Medicare Plan Selection Pointers?



RESOURCES & CONTACT



- 800-MEDICARE (800-633-4227)
TTY: 877-486-2048
- State Health Insurance Assistance Programs (SHIP)
- Visit www.medicare.gov
- To find us go to:
<https://guidedolutions.com/medicare>





Contact Us: